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TRANSACTIONS

OF

E. Burke Haywood
Raleigh
N.C.

THE FIFTEENTH ANNUAL MEETING

OF

The Medical Society

OF

THE STATE OF NORTH CAROLINA,

HELD AT

WARRENTON, N. C., 20th MAY, 1868.

WILMINGTON, N. C.:
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TRANSACTIONS

OF THE

Medical Society of the State of North Carolina,

FIFTEENTH ANNUAL MEETING.

The Fifteenth Annual Meeting of the Medical Society of the State of North Carolina convened at the Court House in Warrenton, on the 20th of May, 1868, at 5 o'clock, P. M., the President, Dr. S. S. Satchwell in the chair.

The meeting was organized with prayer by the Rev. Mr. Solomon.

Dr. George A. Foote offered a welcome in behalf of the citizens to the hospitality of their homes, in a few graceful remarks.

The Chair appointed a committee on Credentials, to consist of the following gentlemen: Drs. W. H. McKee, W. G. Thomas, George A. Foote.

Roll was then called, and the following gentlemen answered:

OFFICERS:

Dr. S. S. SATCHWELL, President,
" CHAS. J. O'HAGAN, } Vice Presidents.
" GEORGE A. FOOTE, }
" WM. A. B. NORCOM, }
" HUGH KELLY, }
" THOS. F. WOOD, Secretary.
" J. W. JONES, Treasurer.

REGULAR MEMBERS:

Dr. W. G. Thomas,
" J. J. Summerell,
" R. H. Winborne,
" W. H. McKee,
" O. F. Manson,
" T. E. Wilson,
Dr. W. T. Howard,
" E. B. Haywood,
" Frank. Patterson,
" Hugh Kelly,
" Thos. C. Pugh.

On motion, the committee on Finance was appointed by the chair, as follows: Drs. E. Burke Haywood, Charles J. O'Hagan, and J. J. Summerell.

By request, the Committee of Arrangements fixed the time and place for the Oration at the Methodist Church, at 4 o'clock, and the citizens generally invited to attend.

Reports from the County Medical Societies being called for, Dr. Chas. J. O'Hagan entertained the Society with a report of the organization and action of the Pitt County Society, which was received with marked interest.

On motion of Dr. George A. Foote, a committee of five was appointed to enquire into any violation of the Code of Medical Ethics by any member of the Society. The following gentlemen were appointed: Drs. Foote, E. Burke Haywood, Summerell and O'Hagan.

The committee on Credentials then submitted the following report:

To the Medical Society of North Carolina:

The committee on Credentials report the following gentlemen, after due examination, to be qualified to become regular members of the Society:

Drs. V. O. Thompson, Warren county; J. W. Alston, Warren county; G. H. Macon, Halifax county; D. Cheatham, Granville county; W. R. Squire, Northampton county; R. J. Hicks, Greene county; R. Bream, Warren county; R. E. Williams, Warren, J. F. Shaffner, Salem.

Respectfully submitted.

W. H. McKEE,
W. G. THOMAS, } Committee.
G. A. FOOTE,

A session of the Board of Medical Examiners was announced for Thursday morning, at 8 o'clock.

The meeting then adjourned until Thursday morning, 9 o'clock.

THURSDAY MORNING, May 21st, 9 o'CLOCK.

The meeting was called to order, and organized by prayer from the Rev. Mr. Moore.

The minutes of the last meeting were read and approved.

Dr. Hugh Kelly, appointed at the last annual meeting, read a paper on the topography and diseases of Iredell county. It was accepted and referred to the committee on General Topography and Diseases of the State.

Dr. Thos. E. Wilson, regular appointee, read a paper on the topography and diseases of Warrren County, which was accepted and referred to the committee on Publication.

Professor William T. Howard, by request, entertained the Society with some highly practical observations on the following subjects: Hypodermic and Endermic Medication; Pseudo-membranous Croup and Diphtheria; Bromide of Potassium in Puerperal Convulsions and Delirium Tremens; Smith's Anterior Splint; the Antiphlogistic treatment of Acute Pneumonia; Medication of the air passages by means of atomized fluids, and the employment of carbolic acid in purulent stage of phthisis.

The committee on Publication was announced by the Chair to be composed of Drs. W. G. Thomas, E. A. Anderson and Thos. F. Wood.

The meeting then adjourned to re-assemble in the Methodist church to hear the oration from Dr. Wm. A. B. Norcom, and adjourn thence until 8 o'clock, P. M.

NIGHT SESSION, May 21st.

On motion of Dr. W. H. McKee, the thanks of the Society were tendered Dr. W. A. B. Norcom for his able and elaborate address, and that a copy be furnished the Society for publication.

Regular correspondence was read by the Secretary, including several letters relative to delinquency. The correspondence was referred to a special committee composed of Drs. J. F. Shaffner, J. W. Jones and Thos. E. Wilson.

Correspondence from Dr. Chas. E. Johnson was referred to the Finance committee.

The President called Vice President Foote to the Chair, and taking the floor made the following motion :

WHEREAS, That as a resolution to amend the Constitution was carried at the annual meeting of the Society in 1866, rendered expedient at the time by force of circumstances, but now deemed prejudicial to the interests of the Society, and should be repealed; Therefore,

Resolved, That sections 2d and 3d of 4th Article of the Constitution be amended to read as follows :

SEC. 2d. A committee composed of five members shall be appointed by the President to nominate officers and honorary members, and these nominations shall be voted on *viva voce*.

SEC. 3d. None but permanent members and delegates shall be eligible to the office of President, Vice President, Secretary, or Treasurer.

The amendment was adopted by unanimous consent.

On motion of Dr. Thomas, the nominating committee was appointed.

The President named the following gentlemen : Drs. Will. Geo. Thomas, W. H. McKee, J. F. Shaffner, H. W. Faison, and J. J. Summerell.

Adjourned until 9 o'clock, Friday morning.

9 o'clock, A. M., Friday, 22d May.

The Board of Medical Examiners reported the following gentlemen as having passed a satisfactory examination:

Drs. F. J. Haywood, Jr., Raleigh; Samuel Brietz, Salem; Charles H. Barron, Edgecombe county; J. B. Williams, Warren county; Walter Debnam, Wake county; E. Porter, Onslow county; B. P. Alston, Warren county.

Dr. Pittman offered the following resolution:

Whereas, Since the last meeting of this Society Dr. Otis F. Manson, one of our permanent members, has been called to the Chair of Pathology and Pathalogical Anatomy in the Medical College of Virginia, be it therefore

Resolved, That we are gratified to learn that Dr. Manson has won this well-merited distinction in his new home, and that we are proud of his success. While we regret his removal from our State, it is our pleasure to commend him as a gentleman and a scientific, accomplished physician, worthy in all respects of the position he has been called to fill.

Resolved, That the Society furnish a copy of this preamble and resolution to Dr. Manson, and forward a copy to the faculty of the Medical College of Virginia.

The following amendment was offered to article 4th of the Constitution, by Dr. Wood, and carried unanimously:

Sec. 4th. There shall be annually appointed an Executive Committee of three members, whose duties shall be to investigate the professional status of members of this Society. Their duty shall comprehend the reports of any violation of the Code of Medical Ethics, or any irregularity either of members or auxiliary societies, and also to make such recommendations for the improvement of the profession of the State as they may deem proper.

On motion of Dr. McKee, the Secretary was requested to revise and reprint the Constitution.

Dr. Pittman, President of the Board of Medical Examiners, reported the election of Dr. J. F. Shaffner to fill the place vacated by the resignation of Dr. M. Whitehead.

The Chair announced as the regular committee on the Topography and Epidemics of the State, Drs. J. W. Jones, Thos. F. Wood, E. Porter.

Dr. Pittman then presented to the Society an account of the post-mortem examination of Cerebro-spinal Meningitis, which was referred to the Publication committee.

Dr. E. Burke Haywood read a paper on several surgical cases, describing the removal of various tumours, which was referred as above.

Dr. E. Porter presented a paper on the "Union of Gunshot Fracture of the Femur by first intention," which was referred as above.

Dr. Wood made a verbal report on a case of "Hypertrophy of the Heart, with rupture of the tricuspid valves and larceration of one of the *musculi papillares* of the right side of the heart, occurring in the practice of Dr. F. J. King.

Dr. J. W. Jones, Chairman of the committee on General Topography and Diseases of the State made the following report:

Your committee on the Epidemics, Prevailing Diseases and Topography of the State have thought it best to prepare and send out a circular* to each of the gentlemen selected by the Society, and such other gentlemen as they thought would interest themselves in the matter, with such questions therein submitted, plain, simple and pointed as possible, to elicit such facts as would show the actual state of the practice of medicine in their county during the last year, together with its topography.

The subject and our circular have interested a number of medical gentlemen, and they have responded well. Their reports we propose to read to the Society and then file them, as they come from the hands

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*1st. What is the topography of your County?

2nd. What is the elevation above the Sea?

3rd. What are the prevailing winds and temperature?

4th. What are your ordinary diseases—Epidemics and Endemic?

5th. If you have had an Epidemic, describe its nature, and give the dates and local directions of its appearance and disappearance.

6th. What are the diseases of the seasons; as Winter, Spring, Summer and Fall. Have you observed anything peculiar in the season and diseases of this year?

7th. Give a general plan of your treatment for the more common diseases of your County?

8th. Do you ever give a larger dose of the same remedy at one season than at another, or observe any difference in its action at different periods?

9th. What are the ordinary doses of the principle remedies: as Quinine, Opium, Mercury, &c?

10th. What indigenious remedies do you use, and for what diseases? How do you prepare them, and what is the dose?

11th. What as to new remedies?

12th. Do you think the troubles of our times have had any influence in producing disease, or affected it when developed?

13th. Give a full history of the cases that have proved fatal in your practice this year, with the treatment.

of the authors, in our archives. And by thus doing, every year, we will gather together reports from every section of the State, and on such subjects as the Society may designate, we will be able to collect the floating medical facts that are adrift about us, and which are passing away to the great sea of oblivion, bind them together, and store them away for our children and the historians. Our ultimate design is, from these accumulated reports, to make a Medical Geography and History of our State. Thus our work is not less for history than for our immediate good.

We beg reporters to be brief—make no uncertain statements, and to give us everything, however common, that would illustrate the actual state of the practice of medicine in their section. Every man may learn his fellow.

We ask the fullest and freest discussion on our work, and the whole subject.

Respectfully submitted.

J. W. JONES,
C. F. DOWD,
CHAS. J. O'HAGAN, } Committee.

The committee on nominations made the following report:

FOR PRESIDENT:

DR. E. BURKE HAYWOOD.

FOR VICE PRESIDENTS:

Dr. Thos. E. Wilson, Dr. A. B. Pierce, Dr. C. T. Murphy, Dr. M. A. Locke.

FOR TREASURER:

Dr. J. W. Jones,.....Tarborough.

FOR CORRESPONDING AND RECORDING SECRETARY.

Dr. Thomas F. Wood,.....Wilmington.

FOR ORATOR:

Dr. R. H. Winborne,.....Chowan.

EXECUTIVE COMMITTEE:

Dr. S. S. Satchwell,.....New Hanover.
Dr. Hugh Kelly,.....Statesville.
Dr. W. A. B. Norcom,.....Edenton.

The committee also recommended the following gentlemen for honorary membership in the society—viz :

Prof. W. T. HOWARD,.....University Maryland.
Prof. O. F. MANSON,.....Richmond Medical School.
Dr. CALEB WINSLOW,.....Baltimore.

WM. GEO. THOMAS,
WM. H. McKEE,
J. J. SUMMERELL,
H. W. FAISON,
J. F. SHAFFNER.
} *Committee.*

The Committee on Credentials, report the following gentlemen, after due examination, to be qualified for regular membership, and recommend their election :

Dr. F. J. Haywood, Jr.,
Dr. Charles H. Baron,
Dr. Walter Debnam,
Dr. B. P. Alston.
Dr. Samuel Brietz,
Dr. J. B. Williams,
Dr. E. Porter.

W. H. McKEE,
W. G. THOMAS,
GEO. A. FOOTE.
} *Committee.*

Dr. J. F. Shaffner read an account of several surgical cases, which was referred to the committe on Publication.

The committee on "Violation of the Code of Medical Ethics" submitted the following report :

The committee on Medical Ethics, beg leave to submit the following report :

That in the opinion of your committee, the Profession generally have observed the Code of Ethics adopted by the Society, and no violation of it has presented itself, save the instance in which your Committee find the name of two members of this society appended to an impudent advertisement of a notorious quack medicine, the merits of which are paraded in all the newspapers of the States.

Your Committee deeply regret to see the names of two gentlemen, members of this Society, in such a disreputable connection, and report that, by their conduct they have violated the 4th Section of the 1st Article of the Code of Medical Ethics, which reads as follows: "It is reprehensible for Physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

We find on careful investigation, that these gentlemen have withdrawn their names from the advertisement, and complain that they were induced to give the certificate under fraudulent representations of the facts.

Your Committee asks further time to investigate the matters by personal communication, with the parties implicated, and report at the next annual meeting of this Society.

CHAS. JAS. O'HAGAN,
E. BURKE HAYWOOD,
GEORGE A. FOOTE. } *Committee.*

The report of the committee was accepted.

The committee on Finance then submitted the following report:

Your committee on careful examination of the Treasurers books and vouchers, find as follows:

Credit, by cash in hands of Treasurer, to May 20th, 1868.....	$ 12 00
Cash received at this meeting of Society,.....	160 00
	$172 00

Outstanding debts due by members of Society, $1,500 00 and upwards.

Debts due by Society:

To Dr. Chas. E. Johnson,.....	$ 21 00
To Dr. W. G. Thomas,.....	30 00
To Engelhard & Price,.....	196 00
Total,.....	$247 00
Interest on Dr. Johnson's debt to date,.....	58 50
	$305 50
Credit, by cash on hand.....	$172 00
Dr. to amount due as before,.....	247 00
Balance due by Society,.....	$75 00

It will thus be seen that after paying out all the funds in hand, there still remains $75 00 due on debts of former years, and the expenses arising from the expenses of publication for the present year still to be provided for.

Your committee is of the opinion that the first step to be taken, is to get the Society out of debt, and especially to discharge the debt due to Dr. Johnson, which has been outstanding for many years. Dr. Thomas kindly prefers to wait the convenience of the Society; but the bill for printing still remains to be settled, and provision made.

To this must be added the amount required to defray the expenses of this year's publication.

Your committee, therefore, recommend in the first place, that the Treasurer be instructed to notify all members in arrears, and make them pay up as far as possible. They furthermore recommend an assessment of not less than $3 per capita on members; and they respectfully suggest to the committee on Publication, a wise discretion in the selection of papers.

Many papers of importance, owing to the financial embarrassment of the Society, must necessarily be omitted, and only those most valuable and practical retained.

Your committee would again most respectfully urge, that the most energetic means be adopted for the discharge of the debts due by the Society, and hope that at the next meeting they will be entirely liquidated.

E. BURKE HAYWOOD,
J. J. SUMMERELL,
CHAS. JAS. O'HAGAN. } *Committee.*

The President appointed the following gentlemen to report upon the topography and diseases of their Counties:

Dr. Hugh Kelly, Iredell,
" J. F. Shaffner, Forsythe.
" J. J. Summerell, Rowan,
" Fabius J. Haywood, Jr., Wake,
" E. Porter, Onslow,
" G. A. Foote, Warrenton,
" W. R. King, Franklin,
" J. W. Macon, Halifax,
" J. W. Hicks, Granville,
" T. C. Pugh, Martin,
" W. A. B. Norcom, Edenton,
" N. J. Pittman, Edgecombe,
" J. H. Hicks, Duplin,
" C. T. Murphy, Sampson,
" S. S. Satchwell, New Hanover,
" Chas. J. O'Hagan, Pitt.

COMMITTEE ON OBITUARY NOTICES:

Dr. J. J. SUMMERELL,
" C. T. MURPHY,
" W. A. B. NORCOM.

Meeting adjourned until 3 o'clock, P. M.

AFTERNOON SESSION.

The Society met at 3 o'clock, and was called to order, Dr. Hugh Kelly, First Vice-President, presiding.

The committee on "Correspondence of Delinquent Members" submitted the following report:

The committee on "Correspondence relative to financial obligations of members," beg leave to submit the following report:

To the notification of the Treasurer, responses have been received from twenty-one gentlemen. Of these, only four have remitted arrearages, while eleven plead inability to meet their dues at present, and solicit the further indulgence of the Society.

Four gentlemen—Drs. Eugene Grissom, T. J. Fuller, T. H. Wingfield, and G. W. Blacknall, have neither paid or propose paying, but ask that they may no longer be considered members.

Advices have been received of the death of two gentlemen, Drs. A. M. McKinnon and J. W. Abell.

Your committee would suggest, that the resolution passed at the last annual meeting of the Society, in reference to this subject, be amended to read, after delinquents: "Whereupon the Society, shall dispose of their cases in such manner as may be most conducive to its own interests."

J. F. SHAFFNER, *Chairman.*

The report was then discussed by the Society, and letters read from those gentlemen who did not propose to pay their arrears.

The names of the following members were stricken from the rolls by unanimous consent:

Drs. T. H. Wingfield and Eugene Grissom. Dr. G. W. Blacknall's resignation was tendered and accepted upon the condition that he pay his arrearages.

The thanks of the Society were tendered to the Secretary and Treasurer, on motion of Dr. Porter.

Dr. Shaffner introduced a motion, that the thanks of the Society should be tendered the different Railroads in the State for their courtesy, in passing the delegates to this meeting for one fare; which was adopted.

The discussion selected at the last meeting, on the "Pathology and treatment of acute Pneumonia" was brought up by the President.

Dr. Norcom opened the discussion by some introductory remarks upon the pathology of the disease, evincing much careful and special study of the subject. Dr. Satchwell, although he disagreed with Dr. Norcom, was not prepared to debate the question in the short time then left to the Society.

A committee consisting of Drs. McKee and Summerell was appointed to conduct Dr. Haywood, President elect, to the chair.

Dr. Haywood thanked the Society for the honour they had done him, in a few well chosen remarks, and was followed by Dr. Satchwell, with his valedictory oration. The attention of the Society was absorbed in this interesting and spirited essay, and the following resolution offered by Dr. McKee, was accepted:

Resolved, That the thanks of this Society are due, and are hereby presented, to our late President, Dr. S. S. Satchwell, for the dignified, impartial and satisfactory manner in which he has presided over its deliberations for the past year, and that he be respectfully requested to furnish a copy of the address delivered by him on leaving the chair, for publication in the minutes of the Society.

After some debate the Society adjourned to meet in Salisbury, on the 12th day of May, 1869, in McNeely's Hall.

S. S. SATCHWELL, *President.*

THOMAS F. WOOD, *Secretary.*

[APPENDIX]

[A.]

MODERN TREATMENT

OF

ACUTE INTERNAL INFLAMMATIONS.

The annual address delivered before the Medical Society of the State of North Carolina, at its Fifteenth Annual Meeting, held at Warrenton, May 20th, 1868.

BY

WM. A. B. NORCOM, M. D.,

OF

EDENTON, N. C.

Mr. President and Gentlemen of the Society:

I must first thank you for the honor you have conferred upon me; and when I see before me so many, some whose minds are stored with the rich experience of years, so much more able to fill the position I occupy, my thanks are doubly due. I'm glad to see that our Society, for several years unavoidably prostrated, is so gloriously reviving, and the large attendance at this meeting attests the interest felt by its members in its aims and objects.

Within a comparatively brief period of time great progress and real improvement have taken place in our profession, and many erroneous views and opinions, formerly held, have yielded to the advance of Science and the development of Truth. Nowhere is this more apparent than in the treatment of Acute Internal Inflammations, and as they form no inconsiderable portion of the diseases we are called upon to treat, and some of them are of so grave and serious a nature, I have thought it not inappropriate on this occasion to inquire into what Modern Medicine has done for their treatment.

Foremost in importance stand the enforcement of the study of their Natural History, and a revival of the Hippocratian doctrine of a greater reliance upon Nature rather than of a perturbatory and lowering treatment, and the substitution of a proper and sufficient alimentation for a low diet—yes, I may say, starvation.

Upon these points I shall chiefly speak, as I believe a proper appreciation of their importance, and their observance, indispensable to successful practice. Otherwise medicinal agents would be of little or no value. I shall then speak of a practice, which, unfortunately, is pursued by many even in this enlightened day.

Nothing so thoroughly arms a physician for his contest with disease as a knowledge of its natural history, that he may be prepared to imitate and assist the curative changes nature so constantly strives to effect. Our remedies can only avail in so far as they aid natural operations.

In a lecture delivered by Sir Wm. Fergusson,* at the Royal College of Surgeons of England, in June, 1865, I find the following:

"The loss of confidence in much-vaunted remedies seems, in some respects, like a loss or diminution in our appliances—an abstraction from our powers, as it were. But in my opinion the correct view to take here is, that we are acquiring a knowledge of our own ignorance—that we are beginning to see that we have placed our faith erroneously. In short, that we have been taking honor to ourselves for that which has been justly due to nature. We begin to see the difference between blind empiricism and natural processes."

Says Anstie: † on this point—"Without an observation of natural processes no medical man ever did great things for mankind, or for the advance of his art." * * * * "It was but yesterday that disease was universally regarded as something entirely foreign to the vital organism, which came to it from without, resided in it for a time, and then departed, exorcised by the physician's art. To-day we are inclined to take a less exalted view of our functions, to confess ourselves to be but the humble assistants in those curative processes which Nature herself initiates, and very often carries through without our help, or even in spite of our ignorant interference. Together with such changed ideas there must come a revolution in our modes of therapeutical inquiry; and notably, a disposition to compare those instances of the beneficial action of drugs which are well authenticated, with

* Richmond Medical Journal, vol. 1, page 37.
† Stimulants and Narcotics—Anstie.

similar effects *produced by the unaided operation of natural causes.* And it is surely lawful to hope that even partial success in this direction may prove more advantageous to the progress of our art, than the most brilliant reasoning which should presuppose the physician's power to effect radical alterations in the working of the vital agencies, whose operations we are only just beginning dimly and partially to understand."

And says Prof. J. Hughes Bennett:* "If every young practitioner would dedicate his life to the careful elucidation of the natural progress of only one disease, he would do more for medical practice than has been accomplished by centuries of empirical trials of remedies."

And Dr. Todd,† one of the brightest medical lights England ever produced, remarks thus—"Internal inflammations are cured, not by the ingesta administered, nor by the egesta promoted by the drugs of the physician, but by a natural process as distinct and definite as that process itself of abnormal nutrition to which we give the name of inflammation. Our interference either may aid, promote, and even accelerate this natural tendency to get well; or it may very seriously impair and retard, and even altogether stop, that salutary process."

Prof. T. Gaillard Thomas,‡ in a lecture to his class, in speaking of the natural history of disease, says: "Remain ignorant of it, and you shut the gates of the avenue which leads to progress in Medicine; master it, and your therapeutic knowledge will become certain, and its application a science." He further says, in the same lecture, as the result of experience—"If fifty cases of pleurisy (the disease for which Sydenham prescribed so vigorously) be placed in bed, carefully nursed, dieted, guarded from deleterious influences, and receive not a particle of medicine of any kind, the probabilities are that not one case would end fatally; all would likely recover, unless some peculiarity of constitution, the unfavorable age of the person, or accidental complication should alter the result."

How very liable we are to be deceived in regard to the power and efficacy of drugs! Suppose in these fifty cases of pleurisy some harmless medicine had been given! It might have been proclaimed as a specific. Or, suppose mercury, so frequently given by many physicians in this disease, had been administered to these patients, they may all still have recov-

* Bennett's Practice.
† Clinical Lectures—by Beale.
‡ Richmond Medical Journal, vol. 1.

cred, but certainly not so quickly, nor so well as under the conditions mentioned by Dr. Thomas.

And, says the popular and accomplished Prof. of Physiology, Hygiene and General Pathology in the University of Maryland :* "Now we substitute for the old compound prescriptions, simple remedies, given with a definite object, always recognizing the true position of nature as the curer, and medicine as her handmaid and assistant — laying great stress upon the observance of hygienic and sanitary laws."

Dr. Garrod† tells us that he has seen many cases of severe rheumatic fever get rapidly well without the use of drugs, and that on simply colored or camphor water the improvement is often very quick and decided. In the Guy's Hosp. Reports for 1865,‡ are forty one cases of rheumatic fever, thirty-seven treated by Dr. Gull, and four by Dr. G. O. Rees, "scarcely any medicine except mint water being given." Twenty-two were males, nineteen females; two only above the age of forty, the rest under thirty-five. The heart is mentioned as implicated in a large number of them. The average number of days from admission into hospital to complete convalescence was for the males sixteen, females twenty-one. The average duration of the acute symptoms in seven cases in which there was no evidence of the heart being involved, was eight days; in six cases in which the heart was decidedly affected, twenty-three days. From these cases what other inference can be drawn except that mint water is a wonderful remedy for rheumatism, or that nature frequently triumphs over the disease? As mint water is known to be inert, we must accept the latter. Such facts as these should teach us a wholesome lesson. Suppose these cases had been salivated! Modern authors tell us that salivation neither shortens the duration of the disease, nor prevents cardiac complications. Then why practice it when, to say the least, the convalescence would necessarily be prolonged by the patient having to get well of the treatment as well as the disease? I mention this treatment particularly because I know that by many mercury is considered the "heroic" remedy in this as well as all other acute diseases.

By the foregoing remarks, I would not be understood to advise doing nothing for rheumatism; but we might learn the lesson to be careful in the use of powerful drugs, when the unaided powers of nature frequently effect a cure. In this disease the alkaline treatment has proved highly successful.

A short time since a lady of great intelligence told me

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* Valedictory Lecture, delivered March 9th, 1867—by Prof. Donaldson.
† Reynold's Essays of Medicine, vol. I. ‡ Op. Cit.

that a few years ago she was treated for a pneumonia, the basis of which was *verat. viride* and low diet. Her medical attendant, a highly respectable physician, told her his object was to nauseate her to reduce her fever, which he very effectually did. She, became cold, clammy and almost pulseless. Active stimulation had to be resorted to, to save her from immediate death. She, however, finally recovered after a very tedious convalescence of six or eight weeks.

From an authentic source I heard of a case that occurred within a few years past of bilious fever, which was terribly salivated. So offensive was the odor caused by the mortification consequent upon such ignorance and brutality, that one could not remain long in the room without sitting by a raised window. Yet this patient recovered, also, and was assured by the doctor that he would not have produced such a state of things had it not been "necessary to save life."

Who can say that these remedies aided those patients to get well? A faithful report of the *convalescence* of such cases would be most interesting and instructive. Do not such recoveries, gentlemen, furnish a crowning demonstration of the great fact that Nature often triumphs over the doctor and his treatment too? What wonderful wisdom and goodness is displayed by the Almighty in permitting this to be so! If those only recovered who were properly treated, the inhabitants of this earth would grow less almost as rapidly as by a fiercely waged universal war. Call it what you may, the "*vis medicatrix naturæ*," or, as Dr. Dickson says, life itself, there is a resistive force—an inherent curative power—that frequently thwarts, in the language of Dr. Thomas, "the machinations of misguided men."

Dr. Forget says* that "Nature is stronger than physic and physicians; for if she were the slave of systems, the world would soon be a desert."

It is only by a careful and faithful study of her laws that we can hope to render to our patients that rational and effective aid, which it should always be the aim of the honest and conscientious votories of our Heaven-born Art to give!

But let us pass on to Alimentation. It has always seemed strange to me that nutritious food, so essential to maintain the organism in its integrity, should ever have been withheld in disease, at which time it is now proved to be so indispensable. When Nature is struggling to effect certain objects which cannot be effected by art alone, and without which recovery could not occur, how very reasonable that we should give her the aid afforded by this agent! The system, worn

* North Carolina Medical Journal, October, 1860.

and wearied by disease, and the blood impoverished, need support and repair; and food, suited to the powers of digestion and wants of the system is, above all others, the remedial means suggested alike by science and common sense. If the position sought to be established by Dr. Chambers be correct, there can be no question of the propriety of food at the very inception of disease. It is this:* "That disease is, in all cases, not a *positive existence*, but a *negation;* not *a new access of action* but a deficiency; not a *manifestation of life*, but Partial Death; and therefore that the business of the Physician is, directly or indirectly, not to *take away* material, but to add; not to *diminish function*, but to give it play; not to *weaken* life, but to renew Life."

I beg leave to quote a few extracts from a paper on "Alimentation in Disease" by Prof. Austin Flint, Sr.,† read before the "Medical Society of the County of New York," Jan. 6, 1868.

Says he, "Certain it is that diseases which do not compromise directly the function of either the heart or lungs, cannot kill so long as the nutrition of the body is maintained at a point compatible with life. Starvation, associated with disease, may be inevitable; that is, the disease may involve an insuperable obstacle to either the ingestion of aliment, or its assimilation. Then it is that, in the language of Chossat, inanition may reach its termination sooner than the disease. On the other hand—and here is a fact full of practical import—starvation may not be a necessary effect of the existing disease, but may be due to insufficient alimentation. In such cases, inanition may prove a cause of death when the disease need not have destroyed life; the patient, indeed, may die of starvation notwithstanding the progress of the disease *per se* be favorable. Then in the language of Chossat, inanition 'reaches its natural termination later than the disease which it covertly accompanies, and it may supercede the disease of which, at first, it was merely an incidental element.'" * * * * * "In acute diseases the failure of the vital powers is forestalled in proportion as nutritive supplies are assimilated. This is simply saying that the assimilation of nourishment is indispensable for the preservation of the powers of life. And then, in the progress of an acute disease, more or less failure of the vital powers ensues, the more nutrition can be maintained the more efficient the support." He further says that "Convalescence is protracted by the continuance of a liquid diet, and by an in-

* Renewal of Life.
† New York Medical Journal. February, 1868.

sufficient alimentation." Professors Barker, Jacobi and Noyes,* stated that their "experience corroborated Dr. Flint's views, and Dr. Jacobi said that "in children starvation is a very common cause of death, rather than the disease from which they are suffering."

In the "American Journal of Med. Sciences" for January of this year, in an article written by him on "Inflammation, its Nature and Purposes," Dr. Jackson, in speaking of pneumonia, says—"Where the constitution of the patient is good, little more is required than to watch the course of the disease; the inflammation will take care of itself. It is the patient himself who is to be carefully looked to; his forces, which are to carry him through the conflict, are to be judiciously sustained, and all disturbing causes, moral and physical, guarded against. In cases of pneumonia, and where the antiphlogistic treatment had been fully carried out, convalescence is difficult and protracted. I have known two deaths to occur evidently from exhaustion. A limited portion of a lung had been the seat of disease, and was nearly restored to its natural state, and yet death took place with the disease extinct. Prof. G. B. Wood says there is reason to believe that in pneumonia, patients have been starved."

At the opening of the medical session at University College, London, Oct. 1, 1867, Prof. Graily Hewitt delivered the introductory address on "Nutrition the basis of the treatment of Disease." I will make from it a few quotations bearing directly on this subject. "But do we adequately recognize it as a fundamental principle in the treatment of disease that food is the most powerful of remedies? * * * The prescription may be otherwise faultless, its different ingredients balanced to a nicety, but the life itself must be supported and sustained, and this cannot be done without food.

"* * * * With some few exceptions, death is always preceded by exhaustion. The natural forces of the body become weakened in some way or other; another step downwards, and the body ceases to live. Its mechanism is sometimes so disturbed or disarranged that resuscitation is in no way possible; but the mechanism being intact, the restorative power of food is great to an almost incredible extent. Nature herself frequently suggests the remedy, calls loudly for food, and will not be denied. The indication is then plain enough. But where exhaustion is great, appetite gone, consciousness itself, perhaps, well nigh extinct; it is under these circumstances that a knowledge of the extraordinary remedial action of nourishment is of vital importance. To place

* New York Medical Gazette. January 11, 1868.

within the alimentary tube something which it may easily take up, and which the body may, with what little power is still left to it, convert into new force—to do this at the right moment, and in the right way, is often an exercise of consummate skill and ability. The body is enabled thus to retain its hold on life. The deadly coldness gives place to genial warmth, the flickering pulse becomes steady, the light anew sparkles in the eye; for a time, at all events, the bitterness of death has passed."

Dr. Jackson once told me he thought there ought to be a Professorship of the Culinary art in every Medical College, and that if physicians studied less about drugs, and more about alimentation, and the proper preparation of food for the sick, the result would tell decidedly for good upon their patients. Gentlemen, there is truth in this! How often are patients terribly drugged for diseases which could have been speedily cured simply by the observance of hygienic or dietetic rules!

The late lamented Velpeau frequently remarked in his lectures that more than half the people who got sick thought they must have medicine to get well; and what is worse, as great a proportion of doctors think so too. I think it was Schonlein who said: "Good physicians often see no indication for treatment, bad ones never."

I conceive it to be our duty never to give medicine when it can possibly be dispensed with; and when needed, we should not give such as, by lowering vital power, will materially interfere with nature's curative processes. I would not have you think me a disbeliever in the propriety and efficacy of medicines timely and properly administered, but secondary in importance are they to food and hygienic laws.

Dr. John Clark, in a single hospital, saved more than sixteen thousand children's lives by ventilation. What drugs could have done this? Just think, gentlemen, of the remedies that from time to time have been prescribed in typhus and typhoid fever!

In the lecture already referred to, Dr. Thomas tells us that a few years ago the Commissioners of Public Charities in New York, assured by the physicians of Bellevue Hospital, that pure air and nourishment were the proper remedies for these diseases, entrusted their management to Dr. A. L. Loomis of that city, (the patients being placed in tents on an island in East River) and he thus writes to Dr. Thomas concerning them: "I have had charge of the typhus fever cases for five months; during this time not a particle of medicine and no stimulants have been employed, and the results have

been one death in every sixteen and two-third cases; while, as you are aware, the percentage under the old plan was one in six. Dr. Murchison, a late English writer, states them in England as one in five. Medicine has never been able to do this. I mention these facts not to show the inutility of drugs, but the far greater importance of hygienic laws.

While the importance of ventilation is admitted by all, it is seldom properly practiced, and not unfrequently altogether neglected.

In regard to alcoholic stimulants, they are always indicated when there is failure of the powers of life, and may sometimes be given very largely to great advantage. Numerous authors relate cases that show their great value, and some in which very large quantities were given with decided benefit to the patient. I once gave an adult patient with a severe and extensive double-pleuro-pneumonia very nearly a quart of whisky every twenty-four hours, for two weeks. During the whole of this time very little food was given, owing to the inability of the patient to retain it. Perfect recovery occurred, but in consequence of the previous bad health of the patient, and the extent of the disease, it was slow and protracted.

But, gentlemen, (lamentable is it to know!) there are those who, either ignorant of, or disregarding, the golden truths and facts of Modern Medicine, cling to tradition and views long since utterly exploded, and vaunt the success of a practice opposed to physiology and pathology—yes, it seems to me, to common sense. I refer to the so-called antiphlogistic treatment, which originated long "ere modern physiology rent the veil of therapeutical empiricism," and the fatality of which is leading daily to its abandonment. This practice has no basis but tradition and empiricism. Scientific practice must have physiology for its basis. In the language of George Harley:* "A knowledge of organization, important though it be, is yet less indispensable to the physician than a knowledge of healthy function, for it is the latter which elucidates the dark problems of life, it is the latter which proves the golden key to the comprehension of disease." And says Chambers:† "Is it not then obvious that the only sure mode of arriving at a knowledge of the deficiencies of vital powers, or diseases, is by a knowledge of those powers of which they are deficiencies? The physiologist is the only true pathologist." And in part 1, of Todd, Bowman and Beale's "Physiological Anatomy and Physiology of Man" the latter says: "Pathology is the

* Harley on Jaundice. † Op. Cit.

physiology of disease; and it is obvious, that no pathological doctrines can command confidence, which are not founded upon accurate views of the *natural* functions. It is also certain that improvements in pathology must follow in the make of an advancing physiology."

Just here I will quote a little passage from Habershon on "The injurious effects of Mercury." Says he: "Any remedy that has been supposed to possess properties by which this so-called inflammation could be checked, has received the name of antiphlogistic, and mercury stands foremost amongst them; but water or brandy often fulfil a similar purpose, and many agents possess equal power in this respect. This phraseology is a vestige of days of ignorance, and has only hypothesis to rest upon. In medicine, however, we still retain the antiphlogistic remedy; and too often diseases are considered as conditions requiring to be smothered out, unfortunately also by frequently extinguishing the patient."

But let us examine more particularly into this subject, and see how irrational such a practice is. At the present day I am sure there could be found no bleeders like Clutterbuck, Rush or Dewees, yet there are those who believe in the *curative* agency of the abstraction of blood by venesection. Its mechanical effects for good no one will deny; yet even here Dr. Chambers tells us that the loss of this "liquid flesh" must be immediately compensated for by the administration of nutritive food; but it is indeed difficult to understand how venesection can exercise a *curative* effect upon the part inflamed. The attempt to cut short an inflammation by a large bleeding, early resorted to, is now so little practiced that I will not speak of it.

The question naturally arises, can general blood-letting diminish the amount of blood in the part inflamed? Yet this is not always necessary, as in pneumonia, where the cure is effected by cell-growth, to accomplish which an increased amount of blood is necessary. In inflammation, in consequence of injury to the *vaso-motor* nerves of the part, the vessels lose their contractile power, and become distended with blood, and stasis, owing to adhesiveness of the corpuscles, occurs, followed by exudation. No one pretends to say that general blood-letting can directly diminish the amount of blood in the part inflamed in external inflammations, and why should it in internal? It can only be done by such a large loss as would materially and alarmingly weaken the force of the heart, and then not more would probably be taken from the inflamed part than would be by the application of a single leech to an external inflammation, and all this

time the inflammatory process goes on unaffected by the loss of blood. In the language of Markham "Venesection is not a remedy for inflammations, but for the accidents of certain of them." In a word it acts mechanically, and in this way may sometimes prove beneficial.

In pneumonia it is the custom with not a few to abstract blood locally by cups and leeches, when the anatomist shows that there is no direct anastomosis between the surface-vessels and those of the inflamed part. Hence it is plain that cupping or leeching the foot or back of the neck would do as well, so far as the loss of blood is concerned. Local depletion can only be beneficial where there is direct vascular connection between the surface from which blood is drawn and the part inflamed. When this does not exist, the good effected by such means is only through reflex action upon the vaso-motor nerves of the part.

Those who do bleed on antiphlogistic principles do not do so to the extent practiced by their predecessors, and the majority of them are generally ready to assign as the reason for this, that these diseases have changed their type—that we are at present on an adynamic, asthenic tide—and patients cannot bear the same losses of blood now as formerly. In this view some Moderns agree with them. If this be so, it is passing strange that this change from strong to weak should have occurred nearly all over Europe and this country about the same time. The Surgeon now-a-days does not say this about external inflammations; and if his patient should die from loss of blood, or a woman from excessive flooding after labor, he does not in the one case, nor the accoucheur in the other, invoke the change-of-type theory as a cause. And when large bleedings are now practiced the same fatality occurs as formerly.

Mercury is not so lavishly given now in these diseases as in the past, yet by some it is not administered with a *very* sparing hand. Why is not the change-of-type theory invoked as a reason for this? But, gentlemen, it is not my purpose to discuss this subject; the real and true cause, however, of our change in practice is a better knowledge of these diseases, resulting from advance in pathology and improved methods of diagnosis.

But within the past few years there seems to be an abatement of their sanguinary propensity in those even who bleed on purely antiphlogistic principles in acute inflammation, and they have betaken themselves to other remedies scarcely less powerful for evil. I refer to Mercury and Tartar Emetic. Let us inquire into the action of these agents, particularly

the former, and see if they produce a condition favorable to the object in view, and are sanctioned by the authority of those who have had the best opportunities of testing their merits.

"Mercury," says Headland,* (accepting the experiments of Wright,) "by some destructive agency, deprives the blood of one-third of its fibrin, one-seventh of its albumen, one-sixth or more of its globules, and at the same time loads it with a fetid matter, the product of decomposition. Such power is possessed by few other medicines, and certainly exerted by none in the same degree as Mercury. It is an agent of terrible activity, and we may well be cautious how we handle it. Mercury wastes the frame, causes the body to become thin and feeble, the face pallid, and diminishes the nervous energy." And Habershon says :† "After mercury has been taken for some time, the general nutrition of the body is impaired, the blood becomes darker, the coagulation of its fibrin less firm, and the proportionate quantity of serum increased, the red cupuscles are diminished, and the patient becomes thin and blanched. His tissues lose their proper tone, his muscles become flaccid, his energy diminished, and his nervous system enfeebled." And while admitting that serous effusions and abnormal deposits sometimes become absorbed under its influence, he further says "there is ample proof that the same can be effected by less injurious means, and that it sometimes happens that the diseased product becomes more abundant in quantity and less organized in character from the enfeebled nutritive action cnnsequent on the mercury." He also says in acute pleuritis, pericarditis on peritomitis it is the ordinary practice to give calomel so as to affect the gums, but that the disease often subsides without any mercury, and very frequently the effusion steadily increases during salivation. He states that he has seen cardiac disease consequent upon rheumatis m come on while the system is under the influence of mercury.

Tanner, in his work on the Practice of Medicine, says: "With regard to the use of mercury, there appears to be every reason to believe that its utility in controlling inflammation, or in promoting absorption of the effused products, has been very much overrated; and indeed it seems highly probable that inflammatory diseases will progress more favorably without the use of this medicine than with it."

The cases of pericarditis published in the London *Lancet* about twenty years ago, treated by Dr. John Taylor, without mercury, show the undeserved reputation this medicine has

* Action of Medicines. † Injurious effects of Mercury.

had in this disease, and subsequent observations by others confirm his results.

Dr. Todd says :* "No one would now venture to assert that mercurial influence, however quickly induced, ever checked pericarditis or pleurisy ; nor would it be easy to adduce an instance in which, with any reasonable degree of certainty, it could be stated that mercury broke down adhesions, or prevented their occurrence."

Dr. Garrod, whose views are entitled to great respect, in treating of rheumatism, says :† "For many years I was in the constant habit of administering calomel in cases in which inflammation of the heart was present, but for the last eight or ten years I have not done so as frequently, and have seen no reason to regard the change of practice ; the cardiac inflammation appears to have yielded quite as readily, and the patient, on the subsidence of the fever, has not had to suffer from ptyalism in addition to debility."

One single case of rheumatic fever‡ in which pericaditis came on while the patient was salivated and proved fatal, seems to have caused Dr. Chambers to discontinue its use in this disease, and in pneumonia he says that antimony and mercury, "pure destructives," "merely abet the worst effects of the disease."

Prof. Bennett and a great number of other Modern scientific physicians, as strongly condemn this destructive agent as those from whom I have quoted. So small a proportion does the good bear to the ill-effected by the administration of this drug in these diseases, that it would doubtless be better for the human race if its use in them could be entirely interdicted. Perhaps it may sometimes be used to advantage, but the deleterious results which follow its misuse, to be so frequently seen too, are enough to make the conscientious physician look, with a scrutinizing eye, for its real virtues. No remedy is more generally abused. In the malarial sections of this State few persons can be found who, for a slight attack even of fever, do not think a dose of calomel or blue mass indispensable to "set the liver right," as they say, when quinine alone, or sometimes, perhaps, aided by some mild and gentle means, would be amply sufficient to effect the cure. The prostrating effects of such a course, aided by low diet, renders them prone to renewed attacks, which generally follow, and the autumn finds them weak, feeble and anœemic, and their blood loaded with black pigment. Should their vocation cause them to be much exposed in inclement weather, acute disease, probably pneumonia, attacks them,

* Injurious effects of Mercury. † Reynold's System of Medicine, vol. 1. ‡ Op. Cit.

and the Grim Messenger frequently sent to end their existence, doubtless thanks mercury for its timely and efficient aid in his work of destruction.

But I am digressing. I must pass on to my subject, and shall say a few words only in regard to Tartar Emetic.

As a depressant, to lower the force of the heart, in the early stage of acute inflammation, this drug, though much less than formerly, is still prescribed after the plan of Rasori and Lænnec, though in not so large doses, not only by the adherents of antiphlogistic principles, but by some modern practitioners. The best success ever gained in the treatment of these affections has been by well-directed and persistent efforts to *sustain* rather than depress the heart's action, and the total avoidance of depressing agents. Why depress the heart's action when it has been already done by the disease? And besides, the nausea occasioned by this remedy prevents the administration of food. Dr. Flint, in the paper from which I have already quoted, says: "Medicines not infrequently impair the appetite and interfere with digestion. If not required for a special curative effect, they are then likely to do harm by compromising, more or less, alimentation and nutrition." When in the early stage of these affections pain and dyspnœa imperatively demand relief, and the functions of the heart and lungs seriously impeded, small bleedings from the arm may be practiced on mechanical principles, and when these are not admissible from fear of ulterior ill-effects, antimony would not be a proper remedy. It is one of those destructive agents which Chambers calls, with mercury, in pneumonia, a poison, and we cannot be too careful in its administration. Even Headland, who seems very partial to both antimony and mercury, says:* "Antimony deteriorates and impoverishes the blood in very much the same way as mercury."

Veratrum Viride, a powerful cardiac depressant, is used by many for the same object as antimony; yet I am disposed to think that the effect produced by such agents is antagonistic to the principles of treatment pointed out by a correct pathology.

A few months ago I treated a child eight years old with a severe pneumonia—saw it twenty hours after the inception of the disease. At my first visit the pulse was 140 and respirations 70 to the minute. The treatment consisted in local warmth, an average of three pints of milk, one and a half pints of rich soup with little alcoholic stimulus every 24 hours. No medicine was given except anodynes and diuretics. On the

* Reynold's System of Medicine, vol. 1.

sixth day the child sat up by the fire, and on the tenth was dressed and walking about the house. I am sure this result would not have been accomplished by an antiphlogistic treatment—by depressing the little patient still more than had been done by the disease.

Let us bear in mind that there are no foreign forces to be attacked, nor is there an excess of vitality but a deficiency of the powers which naturally reside in the organism. Indeed it may be that the cause of the attack which demands our aid is an already deficient vitality. I am every day more and more convinced that a recognition and observance of these important facts must form the basis of successful practice. Rather than being too intent upon driving out the enemy, let us busy ourselves, as Dr. Bennett says, to secure the safety of the fortress—let us try to bring the individual *up* to his physiological status. In a word, let us help him to restore his *natural* powers. This support can only be given by food. As Dr. Hewitt says: "Nutrition is the basis of the treatment of disease, and no other is possible for a rational system of medicine."

In the preface to his admirable little brochure on Hysteria, Mr. Skey says: "A weak condition of the animal body is intelligible enough, but an abnormal condition warranting a reduction of vital power by artificial agency I cannot understand." Let us construct and support, not destroy and weaken.

The experiments of Hering and others show that in pathological increase of the heart's action the rapidity of the general circulation is generally diminished. And M.M. Estor and St. Pierre, have shown that the venous blood returning from an inflamed part is of a brighter color than ordinary venous blood, showing *suboxidation*. These facts certainly do not call for depressing agents in the treatment of inflammation. On the contrary they show diminished life. And besides, the general condition of the patient strongly indicates a lowered vitality. The least exertion frequently cannot be borne even at the very inception of disease, and that which would be prejudicial to the normal life would very seriously affect the pathological state.

How different the practice we condemn from the one we adopt—the Restorative and Eliminative. Modern Medicine teaches us that these affections cannot be cut short, and that while we aid nature by the most nutritive food, and alcoholic stimulants when necessary, to bring about most important changes, we, at the same time, give such remedies as will assist in the removal of effete products by the emunctories. I

refer, of course, to diuretics and diaphoretics. Rest in bed and support are necessary from the first; local warmth, local depletion, and blisters sometimes, are most important remedies. Expectorants, so frequently given in pneumonia, are not generally called for, as the exudation-matter is in very great part removed in other ways; and, too, they frequently cause nausea and thus offer an obstacle to alimentation. Cathartics, of course, are sometimes needed.

This practice is sneeringly denounced by some as "expectant." In reply to this I will quote the closing paragraph to Dr. Chamber's article in pneumonia in his "Renewal of Life." "Doing nothing or leaving the patient to himself, would indeed be dishonest; but do we do so? Is it doing nothing to keep up constant relays of poultices night and day for a week or ten days? Is the enforcement of continuous nutrition no labor? Is there no anxiety and thought spent in hourly watching the need of variation in our doses of opium and wine for serious cases? Is the moistening and warming the air to an even temperature not enough to occupy our time? Is it so much easier to support the waning life than to weaken it, that the former should be condemned as idleness, the latter praised as activity? If the pneumonic patient were left to himself would he—could he—adopt any of the means suitable for his recovery? Would he not very likely be taking colocynth, senna, calomel, antimony, ipecacuanha, salines, senega, squill, hydrocyanic acid, colchicum, be rubbing in Mercury, appyling mustard poultices, and blisters, be bled "*coup sur coup*," or have brandy every half hour? Is it nothing to stand sentry against the fatal seductions of polypharmacy?"

This treatment, gentlemen, simple as it may seem, and indeed really is, is practiced by almost all modern scientific physicians, and they tell us its success far transcends every other. In addition to the actual saving of life, convalescence is very rapid after the disease subsides.

It is our duty to shake off the shackles of tradition, if they fetter us, and walk in the light of *to-day*. It is no easy task to get men to confess that they have been practising error, and to adopt a treatment contrary to the teachings of their early years; yet in an incomplete and advancing science like ours, the physiologist, histologist and pathologist are constantly furnishing us new facts upon which to build a more successful practice.

Just as Jenner startled the world with his great discovery,* Dr. Wm. Aspinwall had erected in his native town in Mas-

* Introductory by Prof. E. H. Smith to the Class at University of Pa., Sess. '56—'57.

sachusetts, small-pox hospitals at great expense for the accommodation of persons to be inoculated, from which he would doubtless have reaped a large fortune. He immediately acknowledged the great superiority of Jenner's discovery, though at a great pecuniary loss to himself. He remarked to Dr. Waterhouse: "As a man of humanity I rejoice in it, although it will take from me a handsome annual income." In this spirit let us study our profession, never forgetting Article 2d of the Constitution of our Society.

To Bernard, Robin, Beale, Bennett, Todd, Anstie, Chambers and others, abroad and in our own country, we owe an impayable debt of gratitude, and errors are fast disappearing before the truths established by their patient and arduous labors. Let us not call them sceptics and innovators, but bold and fearless pioneers, worthy of imitation in a noble work. The opposition with which they meet is like that which, throughout all time, has attended the introduction of anything new. One of the most learned and accomplished of American physicians has said:* "Every new fact and doctrine, adverse to those generally received, is repelled and rejected by those whose ideas and opinions have been firmly settled. There are too many interests involved—too much self-love wounded, and preconceived ideas to be destroyed, to admit of the prompt reception and adoption of new thoughts or facts, or ideas, however true they may be."—And Newton said:* "A man must either resolve to put out nothing new, or to become a slave to defend it."

This is well expressed, also, by Prof. Draper, in an Introductory delivered by him in the "University of New York," in 1846: "It has been the experience of every age, that all attempts at reformation in pursuits from which extensive bodies of men draw their daily bread are destined to meet with a furious resistance. Try a reformation in any of these, and see what is the result. The living of the professional man is involved. You cannot expect that he will acknowledge that he has been practising error all his days. These are no new principles—they were understood by one in old times as well as now. 'Put forth now thy hand and touch him in his substance, and he will curse thee to thy face.' To accomplish such changes it needs men of uncommon firmness and decision."

The old, especially, cannot easily free themselves from the baneful influence of routine—forsake views long cherished and accept modern truths. That great and good man, Prof.

* Introductory by Prof. Sam'l Jackson, Sess. '55 and '56.

Jackson, of whom one of his eminent colleagues* once said, that he was "ever on the alert to take advantage of the new lights which shed lustre on our profession," once beautifully expressed this in a letter to me. Said he: "Those advanced in years, whose opinions have been formed and acted on for years, almost invariably remain stationary, and repel all ideas, and even facts, that would disturb the peaceful stillness of their intellectual world." I am glad to say he is an exception to this.

Let us, free and untrameled, honestly strive after truth, not letting preconceived views operate as a barrier to its march, nor yet too prone to accept what is not sanctioned by clinical experience. In the language of Stokes:† "Above all things follow truth; nature can never deceive—see that you be her faithful interpreter."

In some of the affections about which we have been speaking, a knowledge of Auscultation and Percussion is indispensable to a correct diagnosis, without which our treatment must, of course, be worse than useless. This knowledge enables us to interpret the language of the heart and respiratory apparatus, and thereby, when possible, to relieve their wants. Without an acquaintance with Physical Diagnosis we can make no progress in this most important department of our profession. In speaking of the physical signs in health and disease, DaCosta says:‡ "Their importance for diagnosis it is difficult to over-estimate. A knowledge of the physical signs is the solid foundation, without which any structure that may be raised will soon tumble to pieces." And yet how many physicians daily treat grave diseases of the heart and lungs, utterly ignorant of this most important aid to their diagnosis and successful treatment! I cannot think this would be so did they properly appreciate the heavy responsibility resting upon them, and the sacred trust of which they are guardians. Justice to our patients demands from us a life of unremitting study and professional devotion. Ossified must be that physician's heart, and dead must he be to every sense of duty, who can see a wife or husband mourning over the loss of their best earthly friend, or the mother screaming for her babe, when he, entrusted with their lives, was ignorant of the means Modern Medicine had pointed out for their rescue.

In almost every department of medicine the same great progress has been made, to keep pace with which, though it requires incessant study, is yet our paramount duty.

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* Prof. Leidy.
† Practice of Medicine. ‡ Medical Diagnosis.

And now my task is done, and poorly; yet, if I have awakened in any one of you an increased zeal in the study of our profession, or added to the deep responsibility which you all must feel, I shall have been amply rewarded for my humble effort.

Then, gentlemen, with hearts aglow with enthusiastic devotion to the noble cause in which we have enlisted, and minds deeply imbued with the love of truth, and uncontaminated and unimpaired by vice and idleness, let us renounce traditional teaching when it conflicts with the revelations of Modern Medicine, and let our labor be commensurate with the sacred responsibility and importance of our great mission, and we will become known and recognised, not only as medical practitioners, but scientific physicians—"the true interpreters of the laws and states of man's organism in health and disease, and the exponents of Positive Philosophy in Medicine."

[APPENDIX]

[B.]

ADDRESS OF THE PRESIDENT,

S. S. SATCHWELL, M. D.

Gentlemen of the Medical Society

of the State of North Carolina:

The constitutional term for which you so kindly honored me with the unsolicited office of President is about to expire. In leaving the chair to my worthy successor I propose to observe the custom which assigns to your retiring President the privilege of submitting a few remarks on the WELFARE OF THE MEDICAL PROFESSION.

Another year has passed, and we are approaching the end of another annual meeting. It is mete that we should consider the condition and prospects of the profession in this State. Our augmented numbers and the increased interest of this meeting afford the best evidence of the vitality, prosperity and success of our honored Association. The circling seasons, unaffected by those political convulsions that now shake the foundations of society, and involve anew the prosperity and happiness of our people, move on in their accustomed regularity, leaving their impressive lights and shadows behind. Our Society meets in stormy political times, amid those demoralizing scenes and depressing circumstances that dishearten the moralist, patriot and christian, and exert a disastrous influence upon the cherished pursuits and professions of men. Our people, already conquered, ruined, crushed, were never so much dispirited as now. In these gloomy times let us demean ourselves accord-

ing to the ennobling principles of true manhood. It becomes us as an integral part of the body politic, as it surely does our fellow-citizens of all callings, so to feel, think, and act in these unequalled days of our poverty and trial, as to do nothing tending in the least to our degradation. The timid may shrink from duty; small and ignoble men may yield their names and service to the impending storm of corruption and demagogism in order to make money and to float smoothly for a season upon the bosom of the seething tide of events; but those of our fellow-citizens who are true to themselves and to their Southern home, in whose bosoms abide the laws of integrity and honor, and the glowing fires of patriotism can never dishonor and degrade themselves by thus surrendering to the seductions of gain or the blandishments of power. While true in our allegiance to the government under which we live, let us be obedient to the existing laws, however distasteful some of them may be, for such allegiance and submission are among the highest duties of the citizen, patriot and christian. Such a faithful discharge of duty is entirely consistent with the suggestions of honor and manhood, and we cannot avoid its responsibilities. In these sad and difficult times, amid the trying circumstances now surrounding our impoverished people, it especially becomes the medical profession so to deport themselves as that personal as well as professional integrity shall be maintained, the advancement and honor of the profession promoted, and our armor at all times ready for any possible conflict that may arise with pain and disease, whether medical or surgical. And it is cheering to know that, in these extraordinary times of depression and financial distress, we are having such a large and interesting meeting.

This Society, conceived in the broadest spirit of science and humanity, moving on from year to year, in scientific triumphs over ignorance, prejudice, disease and death, still struggles nobly onward under all these adverse influences, planting her standards higher and more surely upon the enduring ramparts of usefulness and renown. These annual meetings are full of interest and importance. They cheer the desponding, give courage to the doubtful, nerve the irresolute, and embolden him of strong faith and determination to strike with renewed vigor for the good of humanity and the rights and dignity of his profession. Here we are made happy by the formation of new acquaintances and friendships, as well as by the cementing anew of old ties between those who have so long stood together, heart to heart and shoulder to shoulder in the cause of medical improvement and reform

in North Carolina. Here it is that the class of medical tricksters and demagogues which abound too numerously in our own as well as other professions, find their proper level and just appreciation. No congenial field exists here for their low propensities and underhanded conduct. If, at some careless or unlucky hour, a few of them have imposed upon this Society by stealthily creeping into an unworthy membership, it was done for the purpose of getting their characters whitewashed, and the sooner we can rid ourselves of all such trash and encumbrances the better it will be for the honor of the profession. They can never sport to advantage upon this theatre of intellectual worth and learning, nor impose upon us those wiley tricks and empty effusions of their superficial minds, which are so current at home in deceiving too credulous patients and in flattering from low motives of gain from women, old and young, and all others who are weak enough to give a listening ear to their false statements of miraculous cures that were never performed, of remedies that never were used, of services rendered that superhuman power alone can bestow.

Here, where intellect is honored, where principle is sustained, where science and learning are appreciated, where merit is rewarded, there is no fellowship for such men—no favors to extend but silence, disgust, contempt for that brazen-faced effrontery that polished art and low cunning, and those plausible manners which these mountebanks, these mean and deceptive medical men to be found in all neighborhoods, villages, towns and cities, rely upon as means to obtain practice and advance themselves. These allusions are not so much to any of the members of the pseudo-medical systems of the day as to our regular medical brethren, so-called, of the allopathic school, who are fond of boasting of their love of science, who love to tell of some medical meeting they attended; who may have a diploma hanging in their offices, but who really have no love for their profession, and are at heart opposed to its improvement. Here it is that prejudice surrenders to the demands of enlightened progress, and the social pleasures enjoyed, the intellectual efforts made, the practical knowledge obtained, enable us to return home in better humor with ourselves, loving each other more, renewed in professional devotion, and with minds more ready to receive and act upon *reason* and *truth* from whatever source they come.

Besides such liberalizing influences, these meetings are in accordance with the demands of our nature for retrospection and anticipation—are periods when pausing we

may glance at the cloudy fragments of the past, as the solemn forms of warning and encouragement are presented, and looking forward to the future, unformed and uncertain, fringed, though it may not be at present, with the silver lining of hope, we can still take council together as to how we may so shape it that men may know we, too, have lived and struggled and advanced a profession next to the best and noblest with which God has favored the human race. The discouragements incident to the medical practitioner of the South, since the close of the war, render these periodical assemblages fine occasions for fostering our loyalty and enthusiasm for the profession. Leaving behind us at home those feverish cares, those chilling thoughts and harrassing circumstances incident to our daily routine of petty medical duties, it is indeed refreshing to meet one another socially at least once a year, and at the same time engage professionally in the work of obtaining from each other new facts in the science of medicine, brought together by the varied observation and experience of our numerous members. These meetings furnish us fine opportunities for laying up a new supply of that earnestness of purpose and fresh impulse to exertion so necessary to the practitioner who, unwilling to lag behind, is determined to keep pace with the progress of science and to meet the demands of an age more fruitful than any of its predecessors in mental effort and physical improvement.—These associations furnish comfort and add to the strength of our medical pride and faith so necessary to be sustained in these difficult times, full of trials and discouragements to even those of the best manhood and highest christian fortitude.

Forgetting for a few days that mortification which ensues from the increasing success latterly of empiricism and demagogism in all professions, we are here aided in placing a proper appreciation upon merit, worth and learning, as well as upon our own responsibilities, and are enabled to show to the world that we acknowledge the stringency of other duties than those involved in the collection of medical fee bills. Thus actuated by high motives, coming here as harvesters to garner up whatever the toils, failures and success of members may lay upon this common shrine of the profession of the State, this mutual action and reaction upon one another of our social natures, intellectual powers and professional attainments, is in all respects useful and ennobling. Making experiments and discoveries as we can, and keeping up with all new facts and improvements in physiology, chemistry, medicine, pathology, therapeutics and surgery,

we are enabled to feel with more force, and to carry out better in practice, that instinctive, inextinguishable desire of noble minds, to strike with their best strength in the cause of truth and enlightenment. In this way it is that we are more inclined to bear in mind, at all times, the happy reflection that in our profession no enduring reputation is attainable, except in direct ratio to our usefulness. And it is equally to be remembered that such usefulness is not like a hot-house plant, of rapid, spontaneous growth, and easily destroyed by the frost of some adverse change of weather, but it comes only by long years of study, observation, thought, labor, and the uniform practice of the unchanging laws of integrity and honor. Such a reputation is built upon no uncertain or sandy basis, but the foundations are laid upon such a rock, and the superstructure composed of such materials that the building can withstand any surging waves of opposition. This axiom in our profession bears with it the consoling, ennobling truth that though empiricism and demagogism may captivate for a season, and attain a mushroom success, yet it is only solid merit, scientific worth, high attainments and manly principles that can withstand the rough usage of life, and the storms and changes of time, and build up for any medical man a name of enduring usefulness and renown. This is the price to be paid for lasting fame and distinction in our ranks, and hence it is that the promptings of philanthropy, as well as the suggestions of policy, urge us on in the same path, and to the same noble ends.

The influence of this Society upon the cause of *medical science* and the *profession of the State*, and the *necessity of renewed efforts to its improvement* comprise a subject of so much importance as to justify me in now dilating more at length upon it.

About nineteen years ago there was a more general awakening of the profession of the State to its improvement, and to the formation of an organization that would give to their labors a more extended usefulness, and by concert of action confer upon them an influence which individually they were unable to exert. Accordingly, in April, 1849, a few leading and enterprising medical gentlemen assembled, after due notice, in convention in the city of Raleigh, for the purpose of organizing a State Medical Society. They entered upon this important work amid discouragements sufficient to appal less heroic minds, adopted a Constitution, and put in working order the North Carolina Medical Society. In spite of trials and difficulties of no ordinary character, this voluntary association has continued to gain gradually in strength, numbers

and influences for good to the present time. Besides others who participated in this early movement the names of the following pioneers are here recorded, viz: Edmund Strudwick, Fabius J. Haywood, William George Thomas, Johnson B. Jones, Charles E. Johnson, James E. Williamson, William H. McKee, N. J. Pittman, William G. Hill, James A. McRae. These gentlemen issued an address to the profession of the State, stating their objects to be the advancement of medical science and the elevation of the profession. In this appeal for co-operation they stated that "every educated physician in the State acknowledges with the deepest regret that, under the combined operations of corrupt influences, our honorable profession has been injured in its standing—our titles are assumed and our privileges claimed by charlatans of every class. Will you then join us in exposing the impertinence of the assumption and the dishonesty of the claim, and come out in organized bodies and unite with the Medical Society of the State of North Carolina, where your true character will appear in its code of ethics, and the hue of science once more shine on your tarnished escutcheon? This appeal, we wish it distinctly to be understood, is addressed to every gentleman in the practice of medicine, whether a graduate or not, who feels in his own bosom a response to its truth, its justice, and its necessity. We are calling for a spirit of improvement,—let him answer who has it. The general qualifications for membership can offend no one who has that elevated spirit, and others you will willingly leave on that degraded level from which we exhort you to depart with us."

Such was the spirit and aims of the founders and early members of the Society. The quotation I have made may well be wrung upon the profession in these more recent days of demoralization. It was attended, as was the formation of the Society, with most favorable results, for in the following year the membership was largely increased, and the profession aroused more than ever to the duty of medical improvement and reform. It has steadily increased in membership until our catalogue numbers near three hundred members. The memories of those I have mentioned are imperishably connected with the rise and progress of the association, which would long since have perished but for the earnestness and unselfish devotion of these and other early and steadfast supporters. I repeat that the success of this organization, its triumphs from year to year over obstacles and opposition from within as well as without the regular profession—the useful fruits it has borne to the cause of medical science and to the health and lives of the people—is the best proof of its importance.

and of the laudable enterprise and disinterested zeal of those who have adhered to its destinies through its many struggling years. It has long since ceased to be an experiment. It rests upon a permanent basis, and will so continue as long as those who direct its course are influenced by the same liberal and just principles of action, the same high regard for science, integrity and humanity that have been the guiding motives and aims of those who have thus far kept it alive and prosperous. It was founded and has been carried on in that necessity of our nature, and of the profession at once recognised by the intelligent votary of science. It confers none of those political advantages or distinctions that invite applications for membership from political office seekers and ambitious politicians; was instituted upon no motives to the formation of schemes for conferring wealth, power, or aggrandizement, upon any of its members; nor has it ever sought to give weight or support to any clique, corporation, or section of medical men, or any popular medical dogma of the day. Its existence is owing to the aforesaid demand for improvement, and to that isolation and separation of the members of our profession in their daily avocations, which are more strongly marked in the medical than in any other profession. It is true that this isolation and separation is not entirely selfish or voluntary, or dependent upon casual circumstances, but originates in no inconsiderable degree from causes connected with some of the natural characteristics of our pursuits.

The medical profession is no Procustean couch. We are not disciples of any paralyzing creed that moulds belief by *will*, or enslaves *will* to some phantom authority. We adhere to nothing because it is old, reject nothing because it is new. The *Book of Nature* is spread out before us, wooing us to an investigation of the puzzling pages of pain, disease and death, in order that suffering humanity may be relieved and medical science promoted. With this grand object and ample aim the wide field of the profession tends to the development of *individuality*. Memory, imagination, reason, caution, perseverance—each and every mental quality and temperament that impresses characteristic differences upon men as it predominates, finds abundant material for exercise amid those complex vital phenomena, those varied and complicated relations of disease that demand for their elucidation all the appliances of our moral and intellectual natures, all the resources of science.—This necessarily gives rise to differences in experience, modes of thought, objects of interest, purposes of action. To this

and the habit of self-reliance, engendered and fostered by the unshared responsibilities of practice common to a majority of practitioners, especially in our sparsely populated State, and we can the more readily account for much of that isolation and separation unhappily too common in the profession.

But this free individual development is not at variance, nevertheless, with those sympathies and kindly feelings, and that personal integrity and professional devotion which should ever characterize the medical man, and which this Society seeks to promote. The want of such union and concert of action stifles talent and enterprize, and is a barrier to an appreciation of worth and usefulness. It was under such circumstances, as well as from an appreciation of the power of associated effort in the promotion of our science, and in the counteraction of corrupting influences that were undermining the foundations of the profession and lowering its standard, that the Society was instituted.

The men who thus came to the rescue and have maintained their early devotion, have impressed themselves upon the community as physicians distinguished for those virtues and qualifications characteristic of the foremost followers of a science that in all ages has justly claimed a large portion of the best hearts, finest intellects, and greatest learning. Some of them have paid the great debt of nature—died in professional harness, leaving as most worthy of emulation the bright legacy of an example that speaks, and will continue to speak, in honor and praise, though the authors are dead.—Dr. Cameron, of Fayetteville; Dr. Dickson, of Wilmington; Dr. Graham, of Duplin; Dr. Williamson, of Caswell, and others of our deceased *savans*, will live in enduring lustre as long as there is an appreciation of intellectual worth, superior attainments, professional skill, and high-toned personal and professional bearing. Let presumptuous ignorance, empirical pretension, and unprincipled ambition hide their heads in confusion and shame at the mention of the names and example of men like these who were pillars of the Society, ornaments of the profession, and the pride of the State.—The influences and services of such men have added much to the medical literature of the State, to the advancement of learning, and to that *esprit de corps* of the profession that was so low prior to the existence of this body.

The various addresses and papers presented to the Society from year to year, the many and elaborate medical discussions and reports, verbal and written, of an interesting character that have come before us from time to time, would, if collected and published, form large and valuable volumes

that would be highly creditable to the medical reputation of the State. Even the comparatively few publications that *have been* made reflect credit upon the profession, while the modesty of so many, who have made excellent addresses and read valuable papers, in refusing the publication of their productions, is in accordance with the proverbial modesty of genuine professional men of North Carolina.

The influence of the Society has been highly salutary, not alone upon our own members, but also in its influences upon those who have studiously declined to apply for membership. Many an unworthy practitioner and sneaking medical demagogue, seeing the high standard of personal integrity and professional devotion that we are erecting, and stung by the criticisms of that enlightened public sentiment that has always sustained us, has become so ashamed of himself and of his tricks and meannesses that, from ceasing to do evil, he has learned to do well. As useful adjuncts in this work of medical improvement may be mentioned the North Carolina Medical Journal and the State Board of Medical Examiners. Both were the legitimate offspring of the Society. The Journal and Board, as well as the Society, were necessarily suspended during the war, as were so many of the best institutions of the South during that terrible period. The prompt reorganization of both the Board and Society, soon after the close of that mighty struggle, shows a gratifying appreciation of the necessity of the former, and the services of the latter by the profession of the State. The Board, as is well known, was instituted upon the low estimate of qualifications, moral, intellectual, and professional, deemed by a majority of the Medical Colleges of the country sufficient for the swarms of graduates annually sent forth to cure the infirmities and ills of humanity. The incompetency of so many rendered it but just to human health and life to establish a competent tribunal by which to judge of the fitness of candidates for medical patronage in North Carolina.

The low but just estimate placed by the public, as well as by this Society, upon the mere possession of a medical diploma—so low is now, and has been, the standard of graduation, and reckless the competition among the incorporated Medical Colleges of the United States, that such a protective measure became absolutely necessary. Now no medical man can collect his bills by law unless he has a certificate of moral and professional qualifications from this Medical Board, composed of gentlemen every way competent it is hoped for the delicate and responsible duties imposed upon them. The Board, who are only authorized to examine those who have

commenced practice since it was legally instituted, are not solicitous as to where an applicant graduated, or even whether he has graduated at all—the question for decision being whether he is possessed of the *qualifications necessary for practice.*

The Medical Journal, as you know, has not been revived, but it is just and reasonable to predict that the day is not distant when such an organ of the medical profession will again be established that will take the same high grounds for the public good, and for the rights and improvement of the profession in North Carolina, that are incumbent upon our Society and Medical Board.

Thus it is then, gentlemen, that the spirit and aims of the North Carolina Medical Society have become infused into the profession all over the State, and that the doctrines of our acknowledged code of ethics are so potent for good. It has been more influential in uniting and improving the profession than all other means combined; given to the public greater confidence in legitimate medicine, and accumulated a vast amount of scientific facts and useful knowledge that have been of much service in the treatment of disease and in promoting the health and protecting the lives of the community.

In this connection a word of just compliment to the skill of medical men in our State is not inappropriate. In no spirit of boasting, but with a just pride do I express the conviction that the physicians and surgeons of North Carolina are not excelled by those of any State North or South; whether we consider attainments, accomplishments, skill in diagnosis and treatment, or high personal and professional learning. I repeat, that we have as successful practitioners in medicine, as judicious and skilful operators in surgery, as can be found anywhere, however much to the contrary the example of those patients who go North for professional aid, under the delusive idea that "distance lends enchantment to the view." This statement is not made without deliberation and reliable information. I have the honor of an acquaintance, not only with the leading medical men of our own State, but with many of the most prominent practitioners of other States, particularly those of the largest northern cities, as well as with some of the most distinguished physicians and surgeons of Europe, and I know something of the capacity and reputation of other master spirits in the profession whom I have not seen; and I have no hesitation in declaring that, with the exception of some disadvantages we labor under in the want of better opportunities for prepara-

tory surgical manipulations and operations, I would feel as safe in trusting my own life, or the lives of my family, in the hands of North Carolina physicians and surgeons as I would in the hands of any of those named. During the war the surgeons and assistant surgeons of North Carolina were not excelled by those of any other State. Those medical gentlemen who have left us to practice in other States, or to fill professional chairs in their Medical Colleges and Universities, maintain themselves, as a general rule, ably and well, and rank as high as the highest.

The sooner that our fellow-citizens of other pursuits, especially the sick, learn to place a proper appreciation in this respect upon medical men of our own State, the earlier will justice be awarded to their claims to higher consideration.—The public need to learn better the fact, that it is not alone by attending medical lectures abroad, or by reading medical books by northern or European authors, that our physicians are able to treat disease, but that skill and success, after all, depends mainly upon a practical acquaintance with the *diseases of our own climate*, with the *peculiarities of constitution of our own people*, and upon the application of those powers of observation and self-reliance, that dependence upon one's own judgment and action, that constitute essential requisites to the able and discriminating practitioner. The southern constitution must be studied by itself. It is affected differently by our southern climate than is the constitution of the northern or European emigrant who comes to settle among us. Our climate generates causes of disease different from those which prevail at the North or in Europe, and the southerner is attended with different susceptibilities to disease than the unacclimated northerner or European. The modifying influences of climate upon the human constitution, not alone physiologically, but in its various diseases, have not been sufficiently regarded in the treatment pursued. It was the illustrious Dr. Charles Caldwell who first declared boldly, that "those physicians alone who are practically versed in the diseases of the West and South, are qualified either to treat them skilfully and successfully themselves, or to teach pupils so to treat them. In 1844, the able editors of the New Orleans Medical Journal, the only Medical Journal then published in the Southern States, maintained similar ground. This doctrine has been gradually gaining strength ever since. When first announced it was strongly condemned at the North, and branded with the epithet of "*State's Rights Medicine*;" and time has had but little effect in lessening opposition from that quarter of the American continent. But

where can you find an unprejudiced physician, who is skilful and experienced alike in northern and southern practice, to deny the truth of the doctrine? Or where is the work on practical medicine, written by a northern author, unacquainted practically with southern diseases, that will fill the requisite of a *safe and reliable* guide to inexperienced practitioners in the South? Standard works, like that of our accomplished and distinguished countryman, Dr. Wood, or the able and captivating lectures of Dr. Watson, of London, are certainly of immense value as text books to students who are seeking for accuracy of symptomatology, correct diagnosis, and pathological researches, but what discriminating and experienced practitioner of the South pretends to follow with any closeness the course of treatment laid down? There is not one of us who, if taken sick with the bilious fever, typhoid pneumonia, or inflammation of the bowels, would not sooner trust our case to the management of some neighboring physician of skill, than to either Professor Wood or Dr. Watson, even if we could summon them to our bedside with the speed of the electric telegraph. There is no sectional or national medicine in these sentiments. They are the teachings of experience, truth, nature, science, whose ample range embraces every clime and race, and in our own distracted country acknowledges no distinctions of North or South, East or West.

The present day is more fruitful than any preceding time in the practical results for good of the power of associated effort. I have alluded to its happy effect upon the profession by means of this Society, and its influence in stimulating observation and investigation. But much yet remains to be done. I appeal to the sterling men of the profession of the State to come to the rescue. There are others from whom we may expect in the future, as in the past, indifference or opposition. Never before was there so much need as now for associations like ours. It relates intimately to a profession that demands our heartiest sympathies, our warmest support. Deprive civilization of the medical profession, and the whole face of society would be darkened. The kindly influences it so gently sheds—the bitter passions it so humanely assuages—the sympathy and good will to all mankind it so fondly cherishes and extends—the preservation and restoration of health, and the prolongation of life it is so potent in affecting, would all be lost in the overwhelming gloom, sadness, darkness and despair that would come upon the human race. The light of science would lose one of its brightest rays, benevolence one of its best supports, humanity one of its strongest friends, religion one of its fondest votaries

and firmest supporters; and in the overshadowing darkness that would follow, ignorance, superstition, imposture, fanaticism, pain and disease would lose their most potent check.

It is medicine that comes to relieve at our first helpless cries of infancy—it is medicine that follows us through all the changing scenes and circumstances of life, from the cradle to the grave—follows man wherever he goes—sick or wounded, in pain or distress, takes him to her bosom, and at last, when about to die, smooths his pillow, and resigns him to his God. In the objects of its study and the number of arts and sciences that are tributary to it, medicine has a wider range than either of the three learned professions. Theology deals with man as a moral and religious being, possessed of reason as well as a conscience and will, and holds him not alone responsible for his acts, but for the motives which prompt them. With the bible in hand, it aims to show man his duty, and to lay before him such arguments, and to surround him with such influences as will cause him to discharge that duty.—Law takes him as a constituent member of society, and responsible to society for his conduct. In his civil and political rights it throws around him the shield of its protection—gives him security for the possession and disposal of his property, and imposes upon him the duty of respecting the rights and property of others. But medicine roams in that wider field, and in those sublime regions whose studies are none other than the laws of God, revealed, not in writing or by tradition, but in the physical creation. In other words, while the physician is always willing to stand next in importance to the minister of God's holy word, it is but just that his claims to consideration should be set above those of the lawyer, for the competent medical man is evidently of more value and importance to society, and more useful to mankind than the lawyer.

It is the physician who takes up this wonderful fabric of ours, the human body, explains its structure and functions, shows how it is influenced by the laws of mechanics, chemistry and external conditions, and its relations to the unknown principle of life. Medicine seeks the improvement, preservation, and restoration of man, when diseased, and in behalf of suffering humanity lays under contribution the three great kingdoms of nature, seeks remedies from the bowels of the earth, from forest and field, as well as from the air and the sea, in order that man may have health and life. Dealing in its studies with God's greatest work. His self-like creature, man, medicine has most intimate relations, not only with his physical organization, but with his moral feelings and intel-

lectual nature. But it is said that its study and practice tends to infidelity, and it is sometimes ridiculed, especially by lawyers, for its uncertainty. As to its infidel tendencies it is sufficient to remark, that the most illustrious physicians, in all ages, have been eminent for their piety, while a large portion of the most worthy practitioners are of the same character, and are consistent members of some Christian Church. You must go among the smaller men of our profession to find sceptics and infidels, and not to the intellectual, skilful and learned. Medical science is the handmaid of religion, and its study as well as practice, tends to prove the divine authenticity of the bible, and adds to the glorification of our Heavenly Father.

In relation to its uncertainty, it is less uncertain than law, and as settled as theology. Like law and theology, its fundamental principles are clear enough. But it is no disparagement to medicine to admit that some of its details are more or less uncertain, because it is progressive, and these details are subjects of enquiry and research. Herein constitutes, to a great degree, the difference between learned and unlearned physicians, between the skilful and unskilful practitioner. If medicine were a perfect science, it would cease to be progressive, its votaries would cease to engage in experiments and researches, and the excitement of hopeful labor would be lost in certainty. There is only one Omniscient Being who intuitively knows all things. Man can only acquire knowledge by exertion and labor, both physical and mental,—it is a law of his existence, and when well regulated is a source of abundant happiness.

In behalf of such a profession it becomes us to yield an increased devotion, and to wage a more vigorous warfare against that spirit of ignorance, arrogance, and dishonesty, which in our own, as well as other professions, is now sweeping as with a besom of destruction over this southern land. War, with its demoralizing influences, has left in its train the seed of moral disease. The deadly virus of this fearful demoralization has circulated through the whole organization of society. It has been absorbed into our whole social and political fabric, and into all the professions. Our own has not escaped the poisonous infection, and needs prompt and efficient antidotes. Never was the natural atmosphere so contaminated with the poison of malaria as the moral atmosphere is now polluted with all that is degrading in morals, low in motive, and mean in action. Happy is the man who maintains integrity, cherishes his friendships, and preserves a good conscience amid the surging waves of corruption

now dashing furiously against the foundations of society, and of moral and religious truth.

Would that there were none of the regular members of our own profession yielding to the impending storm. But too many of them, forgetful of the high claims of their calling, dishonoring its precepts and principles by degrading habits of thought and conduct, have already disqualified themselves for association with gentlemen, and deserve ostracism from a profession whose legitimate impulses are to scorn vice, hypocrisy and meanness in whatever phase or feature presented. The political depredations which, by the exercise of unwarranted and despotic power, may afflict a people and ruin their material prosperity, but it never justifies a departure from the principles of a gentleman, or from the plain rules of fair and honest dealing between man and man.

As before intimated in this address, it is an innate depravity that gives rise to the hordes of empirics and demagogues that are coming forth more numerously than ever from the regular ranks of our own, as well as other professions. They are preying upon the body politic, and resorting to every species of artifice, trickery and meanness, to secure practice and to advance themselves. From the proverbial quack we always expect such conduct, but for any regular medical practitioner, calling himself a gentleman, to lower himself, as I have already remarked, by unscrupulous means of getting practice, as so many are doing; to degrade himself by underhanded tricks and hypocritical pretensions to superiority of skill in the treatment of disease; or by chiming in with some new-fledged popular fallacy or heresy for the sake of gain, is entitled to more dishonor and contempt at the hands of every honorable man than the English language can express. If, in these days of fashionable departure from such principles of rectitude, any member of this Society belongs to this class of physicians, he should be promptly dealt with by expulsion or otherwise, according to the degree of the offence. It is not so much *members* we desire as men—noble, high minded men—and scientific practitioners, who scorn to do a mean act, or to use any unworthy means for advancement. We more than ever need members who are reliable, and who will aid us in raising anew the standard of professional elevation, and in resisting that destructive tide of professional demoralization now sweeping over the land to the serious injury of our own as well as other professions.

These are times to try men, and, like the solvents of the alchemist, will convert them into dross or gold. Times like these are paralyzing upon the leading members of our's, as

they are upon the best members of other professions. Such men, to their honor be it said, sternly refuse to use means for success now justified it seems by vitiated public sentiment, as seen by the ease and rapidity in which small men are coming to the surface and controlling the destinies of the community over abler and nobler men, who were not made by the breath of power, or sustained by the heresies of fanaticism, but had justly become the pride and boast of our people by their learning, stern integrity, and long and faithful services. This is owing to the prevailing demoralization and disorganization. This fanaticism, and these heresies, may for awhile continue to spread over this prostrated southern land. The bubbles will last for a short time. These men and their destructive dogmas will have their day. But they will go down so sure as the unchanging laws of nature hold true. Intellect, learning, virtue, and integrity, now commodities in the market, at such a low premium, will yet rise in the scale of public favor and appreciation, just so sure as God has ordained cause and effect. The idea of equality, as now understood, embracing that disreputable dogma that levels all things, degrades the professions, and whose withering touch tends to the destruction of all that is honorable in principle, or decent and desirable in life, will fret its allotted hour upon the public stage, and be buried with its authors in one common mass of obloquy and ruin.

> "Truth crushed to earth will rise again,
> The eternal years of God are her's,
> But error wounded, writhes in pain,
> And dies amidst her worshippers."

This modern code of honesty and intelligence captivates only the weaker members of the profession. Our sterling medical men adhere, as a general rule, with unchanging firmness to those old landmarks of virtue, worth and learning, which true manhood appreciates, and which must in the future, as in the past, constitute the life and usefulness of this Society and the medical profession. Let us elevate the profession above these derelictions and demoralizations. To do so the more effectually, we must imbue ourselves with more of the spirit of observation, learning and professional devotion. This will the better enable us to avoid mistakes, and to discharge the high duties imposed upon us. It will the better enable us to rub off that rust of inactivity and insidious moth of idleness so prone to gather upon us in these days of indolence and depression. It will foster that diligence and purity of purpose, that devotion to knowledge and

principle which gives advancement to science, and animation, hope and vigor to ourselves. There must be more of reading and study. There is less now, I fear, among the members of the profession, than at any former time. It is true that unavoidable circumstances, in these times of financial pressure, render it sometimes necessary for the practitioner to combine other pursuits with his practice in order to the independent support of himself and family. Such a necessity does not allow as full opportunities as are desired for medical studies and research. But making due allowance for all this, it must not be forgotten that a life of luxury and ease is not the most favorable for attainments and skill in *any* calling or profession. The greatest discoveries and success in our's, as in other professions, have been reached under more adverse circumstances than any now surrounding us. The profession are not doing as well as they ought and could, even under the depressing influences and discouragements that now meet us on all sides. They do not sufficiently engage in those investigations, experiments, and studies, which, in conjunction with daily practice, must characterize the practitioner who maintains a respectable stand in our always progressive art and science. One is a profession that calls for the constant exercise of all the powers of our moral, physical, and intellectual nature. It may be said of it more truly than of any other calling,

> "We live in deeds, not years, in thoughts, not breaths,
> In feeling, not in figures on a dial.
> We should count time by heart throbs,
> He most lives, who thinks most, feels the noblest, acts the best."

We must adopt with cheerfulness, and follow with boldness, *Truth*, however such a course may conflict with previous opinions, prejudices, or practices. It is in the exercise of this spirit, and upon the accumulating evidence of the last two thousand (2,000) years that our noble profession is based. The intelligent men of all civilized nations have, within that long period of time, sustained it by their testimony. Such a profession is worthy of our truest homage and devotion. It is true, that now and then we see some regular practitioner abandon legitimate medicine, and give himself up to the delusions of some false medical system that may chance to be sustained by a temporary popularity, but it is generally done at the expense of his honor and principles, and for the purpose of filling his purse. With such men judgment and knowledge are disregarded; honesty is of no value; expediency and public favor are the inspiring motives. They are

grasping after the golden fruit, whether it comes in the little pills and infinitesimal solutions of Homœpathy, or is watered from the bubbling fountains of Hydropathy, or is gently fanned by the enlivening currents and passes of Mesmerism and Spiritualism. When I see sensible or educated medical men adopting the foolish ideas of Hahnemann, that most diseases are caused by the itch; that the more you dilute a drop of laudanum the greater will be its power; that the efficacy of a grain of belladonna triturated five times with one hundred grains of the sugar of milk, is more potent than the same grain would be when not thus shaken, I am reminded of the definition of Homœpathy, as given a number of years ago by an anatomical Professor in one of our Eastern Universities. It is as follows:

"Take a little rum,
The less you take the better,
Pour it in the lakes
Of Wenner, and of Wetter.

"Dip a spoonful out,
Mind you don't get groggy,
Pour it in the lake
Winnipiseogee.

"Stir the mixture well,
Lest it prove inferior,
Then put half a drop
Into Lake Superior.

"Every other day—
Take one drop in water,
You'll be better soon,
Or at least—you ought to."

How different the conduct of these admirable representatives of mental weakness and human folly, from the unswerving professional honesty of physicians, the medical texture of whose minds is composed of undying devotion to truth and medical progress. Our duty in this important relation is well illustrated in the course pursued by the illustrious Dr. William Aspinwall, of Massachusetts, relative to vaccination. After the death of the celebrated Dr. Boylston, the first inoculator for small pox in America, Dr. Aspinwall established large and expensive hospitals in Massachusetts for inoculating the thousands who were constantly flocking to him for protection, by the only means then known, from small

pox. He was fast realizing a handsome fortune in this way, and was very successful in preserving the lives of those entrusted to his care. It was at this time, when he was the observed of all medical observers, that the radiant star of Jenner arose, announcing the glorious discovery that the introduction of a little lymph from the teat of a cow, in the simple operation of vaccination, would preserve human life, with less risk and suffering than had ever been done by inoculation. How noble was the course of Aspinwall under this blow to his hospitals and prospects for gain. Instead of opposing the discoveries and practice of Jenner, and of advocating the old practice which harmonized with the public belief, he sacrificed his interests, all his heavy expenditures in erecting accommodations for patients, and brought ruinous loss upon himself, rather than to oppose in any way the progress of truth and science. This noble physician at once gave the experiment a fair trial, acknowledged with promptness its efficacy, relinquished his cherished institutions, and while his own professional brethren were still in doubt and fear of Jenner's practice, he made the public proclamation "that this new inoculation is no sham. It is a success. As a man of humanity and lover of science I rejoice in it, although it will annually take from me a large sum."

Under the invigorating influence of examples like this, and renewed as we have been at this annual meeting in our social, physical and professional natures, let us return home with increased devotion to our profession, and to the various other duties incumbent upon us. He has the purest enjoyment, and is best upheld who bears in his own bosom the sustaining conviction that he is discharging his duty. But to secure this, my professional brethren, we must *work*, for we must remember, especially in this day of indolence, that *labor* is as much an element of happiness as food and sleep, and was ordained as naturally for us by our great Author as day and night.

Amid the impending gloom that now obscures our pathway, let us resolve that while clinging to our profession we will not forsake our State. When the cloud grows darkest, and the storm rages strongest, he is the noblest, bravest mariner who clings to the deck, and proudly goes down with the ship. Our good old ship of State is now upon the breakers, and threatened with disaster and ruin. Though we are not the pilots we are yet a part of the crew, and must not forsake her in this dark hour of her great peril. With her increasing misfortunes let us rally around our suffering old mother with stronger affections. The climate and soil of

North Carolina are in the highest degree attractive, and well adapted to the various wants of man. Her resources, mineral, manufacturing, commercial and agricultural, are rich and unlimited, and, with her fine forests and fertile fields, offer unsurpassed inducements to the industrious emigrant from Europe. Our people, modest and unostentatious, are renowned for the possession, in a high degree, of those sterling virtues and manly principles which adorn and dignify human character.

If devotion to the cause of the South during the late war was any merit, North Carolina may well challenge a comparison with any of her Southern sisters. Our people not only exhibited less of those sordid affections which caused too many people of the South to prefer a little property and self-accommodation to Southern Independence, but *North Carolina sent more soldiers to the field than any other Confederate State. None fought better, if as well. The number killed in battle or wounded, from North Carolina, was greater than the number of killed in battle or wounded from any other State.*— These are not random assertions, but the sober language of truth and history, if the deliberate statements of distinguished and reliable functionaries, civil and military, are entitled to credence. For the sake of the unpublished record of North Carolina patriotism and bravery; for the sake of the honor and glory of those heroic deeds that are imperishably connected with the sublime sacrifices and sufferings of our soldiers, living and dead, and whose services can never be sufficiently appreciated, I fear, by those who were at home and out of danger throughout the war; for the sake of all this and much more than this, let justice henceforth be done to North Carolina, and to all the States that acted with her. Let coming historians no longer neglect or refuse to award to her that justice for the services of her sons in the war, which published histories thus far have not done.

It is to be hoped that the condition of our distressed people will improve, and that prosperity and happiness will again abound in our afflicted section. The car of civilization would seem to be rather on the downward than the upward grade, and appears to be gathering speed from her own momentum. It is to be hoped that her wheels will be reversed, and she will again take her former onward and upward course. Never were a people more universally prostrated and ruined by the ravages and desolations of war. Our poverty is much greater, our afflictions far more severe, our trials much more terrible than are known or imagined by the people of the North or of Europe. Out of this night of darkness and

gloom it is cheering to hope Providence will, ere long, lead us. For some wise but mysterious purpose His dispensations have been laid heavily upon us. If we bear His chastening rod aright, trust in Him, have faith in His promises, He will have mercy upon us, and deliver us from these oppressive burdens and sorrows. But it is vain to disregard His laws, or to oppose His decrees.

> "There's a Divinity that shapes our ends,
> Rough hew them as we may."

He helps those who help themselves. To lay supinely upon our backs and expect Him to do all the labor which he requires as necessary to our success, and to do nothing ourselves, is a most dangerous hallucination, but one that is daily paralyzing its millions. Our redemption is mainly in our own hands, and no dispensations of Providence, or triumph of any political party in any coming election will relieve us of the necessity of that untiring application to business, of that personal exertion and self-reliance, indispensable to our recuperation from ruined fortunes and drooping spirits. The day of our poverty and adversity is not the time for despondence. A people who, like those of the South, possessed and practised during the four struggling years of the war, in the noblest degree and sublimest features, the virtues of fortitude, firmness, courage, self-reliance and heroism, will not succomb to despondency, but with stout hearts and strong arms, will work out nobly their own deliverance.

[APPENDIX C.]

REPORT ON CEREBRO-SPINAL MENINGITIS,

BY

N. J. PITTMAN, M. D.

Elias Mitchell, act. seven years and three months, was taken in the evening of the 22d of March, 1868, with a severe chill, which lasted an hour. He complained of severe headache, had nausea and urgent vomitings, bowels much relaxed; these symptoms continued through the night with great pain about the prœcordial region, restiveness, &c. At 8 o'clock next morning patient was seen by a physician—physiognomy anxious and expressive of pain, mind comparatively clear, answers questions with hesitation, pupils contracted, no pulsations at the wrists, complains of his head, neck and limbs, bowels continue to be disturbed, having had six stools since nine o'clock last evening. Ordered an enema of brandy, 1½ oz., and quinia. gr. iv. in a little warm water, with a few drops of laudanum, stimulating pediluvium, and sinapisms; directed a carminative draught with stimulants, and artificial heat to surface. Was called off now.

Returned at ten o'clock, A. M., and found patient *in articulo-mortis.* Autopsy five hours after death, cadaveric rigidity well marked, *rigor mortis* perfect. On moving the calvarium the duramater was found slightly injected, piamater engorged, arachnoid membrane red and greatly injected; there were two or three spots of lymph on the upper and posterior surface of the brain, between the layers of the arachnoid and along the falx cerebri. There were two spots of extravasated blood about the size of a dime on the upper and anterior part of the anterior lobe of the right hemisphere of the brain, (cerebrum.) The sinuses were much distended with blood, and the plexus choroides as well. The ventricles contained no fluid whatever, though there were extravasations of lymph and a pinkish serum just under the lining membrane of the ventricles.

The membranes of the cerebellum and the medulla oblongata were heavily congested, as well as those of the spinal marrow, though we found no effusion of lymph or serum.

The blood left on the table did not coagulate, after remain-

ing for an hour. The thoracic and abdominal viscera were not examined.

This was the second case of this disease in the family of the deceased—the case now under treatment having been attacked three or four days previously. The subject of this notice (who perished within the space of twelve hours from the first invasion of the disease,) was a healthy and well developed though not very vigorous boy, and was in the enjoyment of good health the day previous to his death.

That which distinguishes Epidemic Meningitis is the concentration of the morbid action of the disease upon the membranes of the nervous centres, and the tendency of that morbid action to purulent or plastic exudation. (Stille, page 122.) If those who die of it, in the first stage, do not *always* exhibit inflammatory exudation, it is simply because death arrests the inchoate process too soon.

TARBORO', N. C., May 21, 1868.

[APPENDIX D.]

GUN-SHOT AND BAYONET WOUNDS HEALED BY THE FIRST INTENTION.

BY

E. PORTER, M. D.

I would respectfully call the attention of the Society to a case of gun-shot fracture and bayonet wounds, healed by the first intention, under seemingly unfavorable circumstances. Lieut. E. P., on the 3d of May, 1868, received a bayonet wound in the sixth intercostal space of the right side, which slightly injured the right lung, and subsequently a gun-shot wound through the right thigh which fractured the femur at the base of the trochanter major, driving through several fragments of bone. A persistent but not profuse hemorrhage ensued. He laid upon the field about three hours, was taken off and carried one mile upon a litter, placed in an ambulance and hauled six or seven miles over a rough

road in search of Dr. James F. McRee, Jr., to whom he preferred to trust his case. Dr. McRee, very much to his credit as a surgeon of skill and nice discrimination, wisely declined operating, but placed the patient in the most comfortable position, gave an anodyne, ordered cold water dressings, and trusted to the powers of nature for the result.

The patient slept well that night, and awoke the next morning as free from pain as could be expected under the circumstances, but very much exhausted. The hemorrhage had yielded to the effect of the cold, and the moderate amount of pressure furnished by the heavy cloths used in its application. He had an unusually good appetite, and but little febrile movement, but owing to paralysis of the bladder, was unable to void his urine, which was drawn off several times during the day. The next day he was sent three miles to the rear, over a rough road, where he was made as comfortable as the destitute and crowded condition of our field hospitals would allow, and where he remained under the care of Dr. John A. Graham, of Rockbridge, Va., until he recovered. The paralysis of the bladder continued eleven days, and the bowels remained obstinately constipated fourteen, and was then moved by a cathartic. The appetite remained good, he lived upon the most nutritious diet, and avoided all alcoholic stimulants, except when combined with some nutritious substance, (milk or eggs,) as they always produced febrile symptoms with cerebral derangement when used alone; opiates were used only when actually necessary to allay pain or procure sleep. The cold water dressings were continued two or three weeks, as a precautionary measure to allay swelling, and to guard against the supervention of inflammation, &c.

Both wounds having healed by the first intention his general health improved rapidly, and in *fifty-six days* he was able to move about his room with safety by the assistance of his nurse. The only support used for the fractured limb was bran bags. The bran being a poor conductor of heat kept the foot and leg warm, promoted the circulation in those parts, and was therefore preferred to sand, which is sometimes used for the same purpose. The patient recovered with the fractured limb shortened two-and-a-half inches, but in all other respects natural, and as useful and free from pain as the other.

It may not be out of place to say that this patient was suffering from intermittent fever of eight or ten days standing when wounded, of which the wounds effectually cured him.

[APPENDIX E.]

SUNDRY SURGICAL CASES,

BY

J. F. SHAFFNER, M. D., SALEM, N. C.

The attention of the Society is respectfully invited to the subjoined remarks, which, while presenting nothing new in Surgical practice, are interesting:

First Lieut. C. S., Co. B., 1st N. C. Battalion, aet. 30, was wounded in action, near Petersburg, Va., 2d April, 1865. It was simply a flesh wound of left arm. The same day he was sent to Danville, Va., thence to Greensboro', N. C. Neglect, fatigue, exposure to heat, &c., induced an attack of Erysipelas, running rapidly into suppuration, abscess and gangrene.

The arm was removed, at or near its middle, ten or twelve days after receipt of wound. The 6th of May following I was called to see him for the first time. Found him feeble and emaciated. The stump was unhealthy in appearance, while the end of the humerus protruded, and was of a pale yellowish aspect, indicating necrosis, or death of the part.

Administering chloroform, the stump was laid open by incision, and the necrosed portion of bone removed with a saw, embracing about 1½ inches. The upper end of the removed portion was healthy in appearance.

Two weeks later I was called to see this patient a second time. There was now a profuse discharge of purulent matter; the parts, including the shoulder-joint, were swollen and painful, while the general health was perceptibly and radidly yielding. After consultation with Dr. John Logan, of Greensboro', amputation at the joint was deemed the best treatment. Administering an anæsthetic, this was speedily accomplished. Hemorrhage was inconsiderable.

This specimen, as you will observe, presents unmistakable evidence of complete necrosis. The head of the bone is also involved, but its contiguous structure escaped.

The patient made a rapid recovery, and has to this day suffered no inconvenience, other than that pertaining to the loss of a limb.

The specimen to which I desire to direct your attention next exhibits more evidence of destructive disease than the preceding. It is the left humerus of a healthy, robust young man, aet. 20, who sustained a compound, comminuted fracture by a pistol shot, in a fray, May 9th, 1865.

I was called to him at once, and removed thirteen pieces of shattered bone. The ends were brought into apposition, and thus retained by means of a splint. On the day succeeding the patient was removed to his home, twelve miles distant. Carelessness in retaining the dressing, combined with bad nursing, prevented union, and amputation was urged as the only remedy. It was refused.

Abscesses speedily formed, extending to and involving the shoulder-joint. There was a constant, increasing discharge, symptoms of hectic supervened, indeed, it became apparent to all, that without relief, the system must speedily succumb. Consulting physicians joined me in urging a shoulder-joint amputation, and the consent of all interested parties was at last obtained.

On July the 10th, two months after the receipt of injury, the operation was performed. The patient was exceedingly feeble, and could be, with safety, only partially influenced with chloroform. The pulse was imperceptible at the wrist, and the respiration hurried and labored. Notwithstanding this extreme prostration, he made a rapid and complete recovery.

The following presents points of great interest:

Jacob Saunders, aet. 19, healthy and robust, was, on 10th June, 1865, involved and wounded in a fray by a pistol shot, which penetrated the Tarsus of the right foot.

One week after sustaining the injury I was called to see him in consequence of tetanic symptoms. By direction of his attending physician cold water had been assiduously applied to the wound, while attention had been given to the secretions. There were well marked symptoms of opisthotonos, which were aggravated by moving or examining him and by efforts at talking. He could not articulate,—the teeth were firmly clenched, and respiration was labored and evidently painful. The countenance expressed pain and anguish,—the features were from time to time convulsed, and the angles of the mouth drawn up. There were periods of partial remission, during which there was evidence of consciousness.

The injured foot was inflamed, and very sensitive to be touched. Suppuration, that had been copious, was now suppressed. In its stead there was discharged a sanious, ichor-

ous matter. At once I made free, crucial incisions, dividing the soft parts down to the bones. Some unhealthy purulent matter escaped, while the hemorrhage was copious. Locally I directed hot flaxseed poultices, to be renewed every hour until otherwise instructed. A full dose of calomel and jalap was given, and morphine in one grain doses, to be administered every six hours, commencing after the bowels had been cleared.

Next morning I found the latter had been freely moved, and there was some improvement apparent. The spasms were less frequent, and not so violent. The same treatment continued.

On the third and fourth days he grew worse. The spasms were severe and very frequent. There was neither tension nor redness, and no discharge from the incisions. Sedative and antispasmodic agents were of no service. Several were employed, including the Cannabis Indica, without producing any material effect in lessening the violence of spasm. The inhalation of chloroform, however, materially lessened their severity, and afforded temporary ease.

I advised amputation of the leg, and yet in doing so could not promise relief. The propriety of such procedure has so long been doubted by many of the highest authorities in surgery, that, only in hopeless cases, is the practitioner justified in resorting to it. In this case the symptoms grew worse from day to day, and the result was plainly foreshadowed. Trusting that in removing the foot I would get rid of the irritation that induced the tetanic condition, I felt willing to assume the responsibility.

My suggestion was first met with a positive refusal, but on the eighth day of tetanus, and fifteen days after receiving the wound, a reluctant consent was yielded.

Assisted by Dr. T. F. Keehln, of Salem, chloroform was administered, and the leg removed above the ancle-joint.—The stump was left open, and warm fomentations applied. On the following morning the spasms were less in severity, less in duration, and less frequent. The patient could articulate feebly, and swallowed stimulants with ease. In forty-eight hours profuse suppuration was established, and all symptoms of the disease had entirely disappeared.

An examination of the removed foot revealed a congested and discolored condition of the nerves, but no visible lesion. There was a comminuted fracture of the os scaphoides—the remaining Tarsi being uninjured.

Excision of a Fibro-malignant Tumor from the right side of the Neck.

In October, 1865, Mr. B., aet. 60, consulted me in reference to a large tumor, extending from behind the right ear downwards towards the clavicle, which had made its appearance some fifty years before. When first observed it was about the size of a pea, and had been gradually increasing ever since, and always free from pain. It was pronounced to be fibrous, and not liable to result in anything more serious than inconvenience from bulk and compression of adjacent parts.

During the preceding summer the surface became inflamed, speedily followed by ulceration, and sharp, lancinating pain, and the general health began to fail. This was his condition when he first consulted me. After reflection I became convinced that excision presented the only remedy.

Three months later he again called. During the interval ulceration had made rapid progress, the mass had became gangrenous and exceedingly offensive. The general health had suffered correspondingly, and it was plain that the patient must have speedy relief or sink from exhaustion.

Excision was again suggested, with a candid statement of the great danger which would attend it.

On Friday, 23d February, 1866, the patient presented himself for operation. Assisted by Dr. Theo. F. Keehln, of this place, the patient was influenced by chloroform, and the operation commenced. In order to command the whole tumor free illiptical incisions were made; the first from lobule of the ear to the clavicle, with a second extending from behind the ear to the lower end of the first.

The cutaneous flaps were reverted over the tumor, while the ear, by its lobule, was drawn strongly upwards and backwards by an assistant to avoid injury during the subsequent steps of the operation. Its cellular connections were detached with the handle of scalpel, to obviate injury, as far as possible, to important blood vessels and nerves. The external jugular vein passed directly through the mass, and after ligation was divided. The hemorrhage resulting from the division of the numerous enlarged blood vessels required the application of upwards of twenty ligatures, which occupied much time. Fortunately, there was neither involvement of parotid gland nor carotid artery. The sheath inclosing the latter was detected immediately behind the tumor. Compression upon the submaxillary gland had induced marked hypertrophy, yet it was soft, and apparently free from involvement. The whole mass being detached, measured, in

its long and short diameters, seven by five inches, and weighed two-and-a-half pounds.

Consciousness having returned, the patient was placed in bed and a full anodyne administered. In a few days healthy suppuration was established, the ligatures separated in due time, and the wound closed by granulation.

Three weeks after the operation Mr. B. returned home, to all appearances well. A farmer by occupation, he labored hard during the spring and summer, and frequently declared that he "never felt better in his life." Six months after the operation he died from an affection of the liver, which his attending physician pronounced carcinoma.

The tumor, now before me, preserved in alcohol, presents all the characters of a fibrous tumor. Its shape is globular—the surface is nodulated—its structure dense and inelastic. A degeneration into the malignant evidently induced the ulceration, the fetor, the pain, and urgent constitutional disturbance, and still more, the final hepatic involvement.

Lieut. R. B., 55th Reg't N. C. Infantry, sustained a compound comminuted fracture of right ancle-joint, in the battle at Drewry's Bluff, Va., 16th May, 1864, and was made prisoner by Federal troops.

He was removed to a military hospital at City Point, Va., where amputation of the leg, at its lower third, was performed. Traumatic gangrene attached the stump, speedily involving the limb as high as the knee-joint. Its spread was arrested, but convalescence was very protracted.

After the surrender Lieut. B. returned to his home in Salem, N. C., and during the summer of 1865 I was consulted in reference to the condition of the amputated stump. It never had healed, and was discharging purulent matter.—Trusting to nature for restoration, I advised cleanliness of the parts, with attention to the general health.

In March, 1866, as there had been no improvement, I advised removal of the diseased structures.

Having administered chloroform, the stump was laid open by a free incision, and two inches of the conjoined tibia and fibula removed. Only two arteries required ligitation,—the Anterior Tibial and the Fibular. The Posterior Tibial had been avoided in making the incisions.

On the fourth day succeeding the operation secondary hemorrhage supervened, very profuse and exhaustive. The stump was opened at once, and by exposure to air all bleeding ceased. A careful examination revealed the ligatures secure in position.

Three or four hours later there was another gush of arterial blood—sudden, profuse and alarming. On [illegible] the parts a second time the hemorrhage was again arrested. Of several resorts it was deemed prudent to heed the lesson taught by exposure of the bleeding stump to the influence of the atmosphere and watch it vigilantly. No more hemorrhage occurred.

Five days later a gradual effort was instituted to approximate the flaps with adhesive strips. During this time the patient suffered acutely with neuralgia, which was slow in yielding to treatment. Eventually, however, all unfavorable symptoms disappeared, and a healthy, well shapen stump resulted, to which a "Palmer leg" has since been satisfactorily adjusted.

The removed extremities, as will be observed, present a carious condition in its incipiency. The interosseous connection is also involved. The site, whence the secondary hemorrhage, is not plain. It is more than probable that it proceeded from the artery above its ligature—possibly diseased in structure, as a result of previous gangrenous destruction.

All surgical and pathological authorities agree that climate exercises a great influence in the formation of urinary concretions. In some parts of the world calculus affections are very frequent, while in other sections they are almost entirely unknown. Again, in cold climates they are quite common, while the tropics are nearly free of examples. The Caucasian is more liable than the Negro,—the male than the female.

In Western and Northwestern North Carolina, so far as my observation extends, stone is of rare occurrence, while among the bordering counties of Virginia it is frequently encountered. To what these differences may be due is unknown, though various conflicting theories have from time to time been advanced as reasons for them, but never sufficiently plain to carry conviction.

The town of Salem and its immediate vicinity have been specially exempt from affections of this nature. A good many years ago the operation of Lithotomy was repeatedly performed here with varying success, but, so far as I have been able to learn, the subjects were always from abroad, seeking relief at the hands of resident surgeons. In truth, after most diligent enquiry, I have been unable to hear of any well authenticated case among the residents of this town or county.

With these preparatory remarks I propose to submit the particulars of a case of Calculus that recently occurred in

practice, in the person of an old gentleman residing in the adjoining county of Yadkin:

Early in February, 1867, Mr. John Shore, aet. 79, sent me a message, desiring to consult me in reference to his condition. So soon as I could conveniently do so I repaired to his residence, situated in the fertile valley of the Yadkin river. The old gentleman had been an honest, industrious farmer, was in easy circumstances, and for many years had enjoyed uninterrupted good health.

Eighteen years before he had had a severe attack of [what he called] "CRAMP COLIC," very painful, and of several days duration. Four or five years ago symptoms of vesical disease suddenly declared themselves, steadily increasing in intensity.

I found him in shattered health,—emaciated, his appetite gone, and his nervous system painfully irritable. He complained of sharp, lancinating, burning pains, always increased just before, during and after micturition. There was an incessant desire to pass urine, which was very small in quantity and largely admixed with mucus.

Night nor day did this old man have fifteen minutes uninterrupted rest; all interest in home affairs had gone, and life itself had become a heavy burden to bear. The introduction of a sound indicated the presence of a calculus, and a more extended examinatian denoted one of large size.

My patient desired to be cut forthwith,—he knew the danger, and was willing to assume the risks. Keeping in view his impaired health, and particularly the irritability of his nervous system, I could promise nothing but a fatal issue to an operation.

I suggested that we institute a palliative course of treatment; that by attention to the general health, and an appropriate local medication, the intense suffering would be alleviated, and the remainder of his days passed in comparative comfort. Or, if at any future time, there was sufficient improvement in the general health, Lithotomy might be performed with better prospects for a favorable issue. To this he reluctantly yielded.

On the 24th February, three weeks after my first visit, I was asked to see this patient a second time.

No improvement had resulted, but contrarily, rapid emaciation had ensued, and it was plain that death must soon relieve the old man of all his troubles. To earnest and repeated solicitations for relief by operation I reluctantly yielded, with a feeble hope that it might prove successful.

On the 27th of February, assisted by Dr. T. F. Keehln,

the patient was influenced by an anæsthetic and cut by the lateral method. There was some difficulty in removing the Calculus because of its size, but the hemorrhage was inconsiderable. Soon after consciousness returned, but all our efforts to secure reaction failed. Twelve hours after the operation he died from shock.

The stone, as you will observe, is roughened on the surface, of the size of an hen egg, and weighs three ounces and a fraction.

Chemically considered it is of the Uric variety. Water has no effect upon it, while Liquor Potassæ dissolves it. By the addition of Nitric Acid, and application of heat it disappears with effervescence. Before the blow-pipe it becomes black, and is gradually consumed, leaving as a residue a minute quantity of white ashes.

CONSTITUTION

OF THE

Medical Society of the State of North Carolina,

As amended at its fifteenth Annual Meeting, May, 1868.

ARTICLE I.—*Title of the Society.*

The title of the Society shall be "THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA."

ARTICLE II.—*The Objects of the Society.*

The objects of this Society shall be the advancement of medical knowledge, the elevation of professional character, and the promotion of all measures of a professional nature that are adapted to the relief of suffering humanity, and to improve the health and protect the lives of the community.

ARTICLE III.—*Members of the Society.*

SEC. 1. This Society shall consist of Permanent Members, Delegates, Associates and Honorary Members.

SEC. 2. The Permanent Members shall consist of such regular Physicians as shall be admitted on motion of a member: *Provided,* he receives two-thirds of the votes present; and the member thus admitted shall be entitled to all the privileges of the Society. He must first sign the Constitution and By-Laws, and pay the assessment.

SEC. 3. The Delegates shall receive their appointment from the County Societies, and from the Counties that have no Society a delegate may be appointed by the Profession of the County: *Provided,* they have as many as two regular Practioners within the County.

SEC. 4. Every Delegate, before admission to a seat in the Society, shall produce a certificate of delegation, signed by

the President or Secretary of the County Society or Association, and shall sign the Constitution and pay the assessment.

SEC. 5. Each Delegate shall hold his appointment for one year, or until another is appointed to succeed him.

SEC. 6. Every member of a County Society shall be an Associate Member of the State Medical Society.

SEC. 7. An Associate Member shall be entitled to all the privileges of attending upon the deliberations of the Society, and take part in its discussions, but shall not be allowed to vote, nor shall he be eligible to office.

ARTICLE IV.—*Of the Officers.*

SEC. 1. The officers of this Society shall be a President, four Vice Presidents, a Corresponding and Recording Secretary, and Treasurer.

SEC. 2. A Committee composed of five members shall be appointed by the President to nominate officers and honorary members, and those nominations shall be voted on *viva voce.*

* * * * * * *

SEC. 3. None but permanent members and delegates shall be eligible to the office of President, Vice President, Secretary and Treasurer.

SEC. 4. There shall be annually appointed an Executive Committee of three members whose duties shall be to investigate the professional status of members of this Society.—Their duty shall comprehend the reports of any violation of the Code of Medical Ethics, or any irregularity either of members or auxiliary Societies, and also to make such recommendations for the improvement of the profession of the State as they may deem proper.

ARTICLE V.—*Duties of the Officers.*

SEC. 1. The President shall preside at the meeting, preserve order, and perform such other duties as custom and parliamentary usage may require. He shall not be eligible for two terms in succession.

SEC. 2. The Vice Presidents, when called upon, shall assist the President in the performance of his duties, and during the absence, and at the request of the President, one of them shall officiate in his place. They shall not be eligible for two terms in succession.

SEC. 3. The Corresponding and Recording Secretary shall conduct the correspondence, and perform such other duties as usually appertain to that office; and shall keep correct

minutes of the proceedings of the Society, and shall fairly transcribe the same, when approved, in a book to be kept for the purpose. He shall have charge of all papers belonging to the Society, other than those appertaining to the Treasurer; and shall give due notice of the annual meetings, and shall receive such compensation as the Society may from year to year determine.

SEC. 4. The Treasurer shall receive all moneys belonging to the Society, and give receipts for all sums paid into his hands to the individual paying the same, and disburse them as directed, preserving vouchers for the same. He shall annually present a statement of the finances to the Society, which shall be referred to a committee of three delegates to be audited.

ARTICLE VI.—*Of the County Societies.*

SEC. 1. The members of the profession in any County of this State, who form themselves into a County Society, may become auxiliary to this Society: *Provided*, That all the regular practitioners in the County have been invited to unite in its organization: *and, provided*, that the constitution and laws of such Society do not contravene those of the State Society.

SEC. 2. No one shall be admitted as a member of the County Society, unless he is either a graduate in medicine of some respectable Medical School, or has been a practitioner for at least five years; and who, moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.

SEC. 3. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who shall hereafter give a certificate in favor of a patent remedy, or instrument, shall be deemed disqualified from becoming a member of a County Society.

SEC. 4. As soon as the County Society is organized, the Secretary thereof shall transmit to the Corresponding and Recording Secretary one copy of the Constitution and By-Laws, with the names of their officers and members. The Society shall be authorized to elect one delegate to the State Society for every five of its members.

SEC. 5. Every County Society shall enforce the observance by its members of the Code of Ethics adopted by the State Society, and they shall be authorized to censure or expel any member convicted of violating its provisions.

SEC. 6. A member of the County Society who is censured or expelled, shall have a right to appeal to the State Society.

SEC. 7. A member who is expelled shall be debarred from the rights of consultation, or the privileges of professional intercourse with any member of the State Society.

SEC. 8. The County Societies shall report annually to the State Society a list of their officers and members, any new rules which they may adopt, and such other matters as they may deem interesting.

SEC. 9. The County Society shall hold at least two meetings in each year.

SEC. 10. If any County Medical Society shall neglect to perform all such acts as may be required to be done by the laws of the State Society, or shall be guilty of conduct derogatory to the honor of the Medical profession, or shall oppose or neglect to comply with the laws of the State Society, such County Society shall, during such delinquency, have their privileges, as a portion of the State Society, suspended, and their delegates shall not be entitled to a seat in the State Society.

ARTICLE VII.—*Meeting of the Society.*

The Society shall hold an Annual Meeting. The time and place of meeting shall be determined, for each succeeding year, by a vote of the Society.

ARTICLE VIII.—*Of the Funds of the Society.*

SEC. 1. Funds for defraying the current expenses of the Society shall be raised by annual assessments on permanent members and County or District Societies, in connection with the State Society.

SEC. 2. Each permanent member, after being duly elected and having signed the Constitution, shall pay the sum of five dollars as an admission fee, and be subject to the annual assessment of the Society, with the exception of the assessment for the year of his admission.

SEC. 3. Should a permanent member fail to pay the assessments two successive years, after having been notified by the Treasurer of his delinquencies, his name shall be stricken from the list of members.

SEC. 4. Each County or District Society shall pay, through the hands of its Delegate or Delegates, the annual assessment; and in case such County or District Society is not represented, it shall be the duty of the Treasurer to forward an account of said assessment to the Secretary or Treasurer of the County or District Society for collection.

SEC. 5. Should a County or District Society, in connection

with this Society, fail to pay the annual assessment two successive years, after having been notified by the Treasurer of its delinquencies, its right of representation in this Society shall be suspended until said assessments are paid.

ARTICLE IX.—*Code of Ethics.*

This Society adopts, as a part of its regulations, that part of the Code of Ethics of the American Medical Association, which it has published by its order.

ARTICLE X.—*Provisions for Amendments.*

Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receives the unanimous vote of the members present, it shall be adopted; but, if objections be made, the alteration or amendment shall lie over until the next annual meeting, when, if it receives the vote of two-thirds of the voters present, it shall be adopted.

New Rules of Order.

1st. The President, or in his absence, the Vice President, shall call the Society to order; or in case of the absence of both these officers, a presiding officer shall be chosen by a majority of the members present.

2d. The appointment of a Committee to examine the Credentials of Delegates.

3d. The Report of the Committee on Credentials; also claims of those desiring to become permanent members.

4th. Calling Roll.

5th. Reading minutes of the preceding meeting.

6th. Any business requiring early consideration may, by permission, be introduced.

7th. Reports from County Societies.

8th. Correspondence shall be read by the Corresponding Secretary.

9th. Written Communications upon Medical subjects may be read and discussed.

10th. Oral Communications may be read and discussed.

11th. Election of Officers.

12th. The selection of a place for the next annual meeting of the Society.

13th. Unfinished and Miscellaneous business.

14th. Adjournment.

Credentials, Foster, Murphy, Nelson,

R. Finance, Whitehead, Gibson,
Larson, Shepherd, Jones,

Executive, Satchwell, Gibson,
Simmons,

Publication, Dr. Thomas, Upham, Moore

Resolutions, Simmons, Satchwell,
Newborn, Hoffpauir,
Whitehead,

Obituary, T. M. Henderson,
C. H. Jones,
Foster

Medical Board, J. S. Satchwell
W. G. Thomas
W. H. McKee
C. T. Murphy
R. L. Beall
W. W. Larson
Jas. Whitehead

NOTICES.

At the Fourth Annual Meeting of the Society the following standing resolution was passed :

"*Resolved*, That in ordering the publication of any paper that may be read before the Society, the Society shall not be considered as endorsing the doctrines or principles of the same."

The Board of Medical Examiners will convene in Raleigh on the first Monday in May, 1869, and will "remain in session from day to day until all applicants who may present themselves for examination within the first ten days are examined."

The act under which this Board was created renders it incumbent upon every person coming into practice, since 1859, to present himself to the Board for examination, and that a diploma from said Board is necessary before such person can become a lawful practitioner.

The following gentlemen compose the Board :

N. J. PITTMAN, M. D., *President and Examiner on Anatomy.*

S. S. SATCHWELL, M. D., *Examiner on the Practice of Medicine and Medical Hygiene.*

R. H. WINBORNE, M. D., *Examiner on Physiology.*

E. BURKE HAYWOOD, M. D., *Examiner on Surgery and Pathology.*

J. J. SUMMERELL, M. D., *Examiner on Obstetrics.*

R. B. HAYWOOD, M. D., *Examiner on Chemistry.*

J. F. SHAFFNER, M. D., *Examiner on Materia Medica, Therapeutics and Pharmacy.*

Any additional information will be furnished on application to Dr. THOS. F. WOOD, Secretary, Wilmington, N. C.

The Secretary is also requested by the Chairman of the Executive Committee to call the attention of the profession especially to the amendment of the Constitution, Sec. 4th,

Art. 4th. The Chairman requests that all violations of this amendment, of any importance, be reported to him, giving the evidence in full, to the end that an investigation may be had by the proper authorities, as it is deemed important that all means should be used to maintain the high character of the profession.

As the matter of fee-bills is always important, and more so now, the Chairman also asks to be informed of the prevailing charges in various localities of the State for the information of the profession.

The Chairman of the Committee on the Topography and Diseases of the State, requests that all answers to his circular be sent to him previous to the 1st of April, in order that he may make a perfect report to the Society.

Address Dr. J. W. Jones, Tarborough, N. C.

THOS. F. WOOD, M. D.,
Secretary.

ERRATA.

Dr. NORCOM'S ESSAY.

Page 17, for "Reynold's Essays of Medicine" read "Reynold's System of Medicine."

Page 19, for "votories" read "votaries."

Page 28, seventeen lines from top, for "regard" read "regret."

Page 29, nine lines from bottom, for "prejudicial" read "slightly prejudicial."

Page 30, eleven lines from top, for "of" read "on."

Dr. SATCHWELL'S ORATION.

Page 36, fifteenth line from top, leave out the last "from."

Page 44, eighth line from top, for "professional" read "professorial."

Page 48, thirty-sixth line from top, for "*members*" read "*numbers.*"

Page 50, twenty-second line from top, for "one" read "ours."

University of Maryland,

BALTIMORE, Md.

The Sixty-first Annual Session of the SCHOOL OF MEDICINE in the University of Maryland, will commence on the 19th of October, 1868, and will end on the 1st of March, 1869. There will be a preliminary Course of Lectures, beginning on Monday, October 8th.

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FACULTY OF PHYSIC:

NATHAN R. SMITH, M. D., Professor of Surgery.

WM. E. A. AIKIN, M. D., LL. D., Professor of Chemistry and Pharmacy.

G. W. MILTENBERGER, M. D., Professor of Obstetrics.

RICHARD McSHERRY, M. D., Professor of Principles and Practice of Medicine.

CHRISTOPHER JOHNSTON, M. D., Professor of General, Descriptive and Surgical Anatomy.

SAMUEL C. CHEW, M. D., Professor of Materia Medica and Therapeutics.

FRANK DONALDSON, M. D., Professor of Physiology, Hygiene and General Pathology.

WM. T. HOWARD, M. D., Professor of Diseases of Women and Children.

JAMES H. BUTLER, M. D., Demonstrator, and Adjunct to the Professor of Anatomy.

———o———

The fees for the full course are $120; for Matriculation $5; for Practical Anatomy $10.

THE UNIVERSITY HOSPITAL, (or Infirmary,) attached to the College, ranks among the first CLINICAL SCHOOLS in the country. It affords a great variety in the forms of disease always under treatment. Surgical Operations, and Clinical Lectures on Surgery, Practical Medicine, and the Diseases of Women and Children, are constituent parts of the daily instruction given by the respective Professors of this Institution.

Students desiring to perfect themselves in *specialties* can take courses of private instruction from Adjuncts attached to the various Chairs.

GEO. W. MILTENBERGER, M. D., *Dean.*

THE JEFFERSON MEDICAL COLLEGE

OF PHILADELPHIA.

———o———

THE FORTY-FOURTH WINTER SESSION of Lectures will commence on Monday, October 12th, with a General Introductory Lecture by Professor PANCOAST. The regular Course will begin the day after. The Session will terminate on the 28th day of February, 1869.

CHARLES D. MEIGS, M. D., Emeritus Professor of Obstetrics and Diseases of Women and Children.
ROBLEY DUNGLISON, M. D., Emeritus Professor of Institutes of Medicine and Medical Jurisprudence.

JOSEPH PANCOAST, M. D., Professor of General, Descriptive, and Surgical Anatomy.
SAMUEL D. GROSS, M. D., Professor of Institutes and Practice of Surgery.
S. HENRY DICKSON M. D., Professor of Practice of Medicine.
ELLERSLIE WALLACE, M. D., Professor of Obstetrics and Diseases of Women and Children.
B. HOWARD RAND, M. D., Professor of Chemistry.
JOHN B. BIDDLE, M. D., Professor of Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M. D., Professor of Institutes of Medicine and Medical Jurisprudence.

J. M. DACOSTA, M. D., Lecturer on Clinical Medicine.
WM. HENRY PANCOAST, M. D., Demonstrator of Anatomy.

To enlarge the already abundant opportunities for CLINICAL INSTRUCTION, a Clinic will be held daily at the College—the Surgical department being conducted by Professors GROSS and PANCOAST; the Obstetrical by Professor WALLACE; and the Medical by Dr. J. DACOSTA.

The lectures are so arranged as to permit the student to attend the Clinics of the Pennsylvania Hospital, and of the Philodelphia Hospital.

The Summer Course, which began in April and is conducted by Members of the Faculty in conjunction with others, will be resumed in September after the recess of July and August, and continued until some time in October.

FEES:

To each Member of the Faculty—as in all the schools of Philadelphia and New York—$20, in all	$140 00
Matriculation fee, paid once only	5 00
Graduation fee	30 00

Matriculants of last session, 353. Graduates, 159.

SAMUEL HENRY DICKSON, M. D.,
Dean of the Faculty.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK,

SESSION OF 1868-'69.

FACULTY:

ISAAC E. TAYLOR, M. D.,
Emeritus Prof. of Obstetrics and Diseases of Women and Children, and President of College.

JAMES R. WOOD, M. D., LL. D.,
Emeritus Prof. of Surgery.

FRANK H. HAMILTON, M. D.,
Prof. of Practice of Surgery with Operations.

LEWIS A. SAYRE, M. D.,
Prof. of Orthopedic Surgery.

ALEXANDER B. MOTT, M. D.,
Prof. of Surgical Anatomy with Operations.

W. H. VAN BUREN, M. D.,
Prof. of Principles of Surgery with Diseases of the Genito-Urinary System.

BENJAMIN W. McCREADY, M. D.,
Prof. of Materia Medica and Therapeutics.

GEORGE T. ELLIOT, M. D.,
Prof. of Obstetrics and Diseases of Women and Children.

FORDYCE BARKER, M. D.,
Prof. of Obstetrics and Diseases of Women and Children.

STEPHEN SMITH, M. D.,
Prof. of Descriptive and Comparative Anatomy.

AUSTIN FLINT, M. D.,
Prof. of Principals and Practice of Medicine.

R. OGDEN DOREMUS, M. D.,
Prof. of Chemistry and Toxicology.

WILLIAM A. HAMMOND, M. D.,
Prof. of Diseases of the Mind and Nervous System.

AUSTIN FLINT, JR., M. D.,
Prof. of Physiology and Microsopy, and Secretary of the Faculty.

The Preliminary Term will open on Wednesday, September 16, 1868, and will continue until the opening of the Regular Session, October 14, 1868. A distinctive feature in the method of Instruction in this College is the union of Clinical and Didactic Teaching, and all the Lectures are given within the Hospital Grounds.

FEES FOR THE REGULAR SESSION.

Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures,	$140 00
Matriculation Fee	5 00
Demonstrator's Ticket, (including material for dissection,)	10 00
Graduation Fee	30 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address the Secretary of the College, Prof. AUSTIN FLINT, Jr., Bellevue Hospital Medical College.

MEDICAL COLLEGE OF VIRGINIA,

AT RICHMOND.

SESSION OF 1868-'69.

The next Annual Course of Lectures will commence on the first Monday in October, and continue until the first of March:

B. R. WELLFORD, M. D., Emeritus Professor of Materia Medica, &c.
D. H. TUCKER, M. D., Professor of Practice of Medicine.
L. S. JOYNES, M. D., Prof. of Physiology and Medical Jurisprudence.
JAMES B. McCAW, M. D., Professor of Chemistry.
HUNTER McGUIRE, M. D., Professor of Surgery.
R. T. COLEMAN, M. D., Professor of Obstetrics.
F. D. CUNNINGHAM, M. D., Professor of Anatomy.
J. S. WELLFORD, M. D., Prof. of Materia Medica and Therapeutics.
O. F. MANSON, M. D., (late of North Calolina,) Professor of General Pathology and Pathological Anatomy.
WALTER COLES, M. D., Prof. of Diseases of Women and Children.

The Lectures will be fully illustrated, and ample facilities afforded for the prosecution of Practical Anatomy.

Clinical Instruction at Howard's Grove Hospital, the City Almshouses, and the College Infirmary, which is also the Seamen's Hospital for the port of Richmond. These establishments afford in the aggregate a large field for the practical study of disease.

FEES:—Matriculation, $5; Professors' Ticket, full course, $120; Demonstrator of Anatomy, $10; Graduation, $30.

A liberal credit for the amount of the Professors' fees will be extended to students presenting proper evidence of inability to make present payment, and of capacity and good character.

For a copy of the circular, giving full particulars, address

L. S. JOYNES, M. D., *Dean of the Faculty.*

RICHMOND, Aug. 25, 1868.

D. M. BUIE, M. D.,

Analytical and Consulting Chemist,

WILMINGTON, N. C.

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During the first fortnight of December, with illustrative operative instruction at the Franciscan Hospital for Women, under his charge.

Fee $50, and Diploma required to be shown. Certificates of attendance upon the previous courses have now been issued to twenty-nine gentlemen in different parts of the country.

HOTEL PELHAM, BOSTON, September, 1868.

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Aloes and Myrrh	4
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" "	1½
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Dinner, Lady Webster's	3
Comp. Calomel, Plummer's	3
Blue Pills	3
Opium Pills	1
Calomel Pills	2
Opium et acet. plumb, each	1
Extract of Rhatany	2
Compound Rhubarb	3
" Colocynth	3
" Squills	4
Dover Powders	3
Carb. Iron, Vallett's Formula	
Car. of Manganese and Iron	
Kermes	1-5
Santonine	½
Bi-Carbonate of Soda	4
Magnesia and Rhubarb, each	1
Meglin	1

	U. S. P. grain.
Cynoglose	1
Quevenne's Iron, reduced by Hydrogen	1
Proto-Iodide of Iron	1
Lactate of Iron	1
Sulphate of Quinine	1 and 2
Valerianate of Quinine	1
" Zinc	1
" Iron	1
Citrate of Iron and Quinine	2
" Iron	2
Willow Charcoal	2
Discordium	2
Anderson's Anti-Billious and Purgative	2
Extract of Gentian	2
Iodide of Potassium	2
Calcined Magnesia	2
Rhubarb	2
Ergot powder, covered with sugar as soon as pulverized	2
Phellandria Seed	2
Washed Sulphur	2
Sub-Nitrate of Bismuth	2
Tartrate of Potassa and Iron	2

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Aconitine.
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Strychnine,
Valerianate of Atropine.
Veratrine.

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Tartar Emetic.
Codeine.
Conicine.
Extract of Belladonna.
Extract of Hyoscamus.
" Ipecac.
" Opium.
Proto-Iodide of Mercury.

	grain.
Lupuline	½
Extract of Nux Vomica	½
Veratrine	1-24
Sulphate of Morphine	⅛
Corrosive Sublimate	1-12
Nitrate of Silver	¼
Extract of Hyoscamus	½

	grain.
Extract Rad. Aconite	¼
Emetine	¼
Iodide of Mercury	¼
Valerianate Morphine	½
Acetate Morphine	⅛
Digitaline	1-24
Strychnine	1-12

Colchicum (each granule equal to two drops of tinctures.)

DRAGEES.

Copaiba, pure solidified.
Copaiba and Cubebs.
Copaiba, Cubebs, and Citrate Iron.
Cubebs, pure.
Cubebs and Alum.
Cubebs, Rhatany, and Iron.

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UNIVERSITY OF NEW YORK.

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MEDICAL DEPARTMENT,

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FOUNDED 1841.

FACULTY OF MEDICINE SINCE THE FOUNDATION.

*VALENTINE MOTT, M.D. LL.D.,	Porfessor of Surgery.		
†SAMUEL D. GROSS, M.D.	"	"	
*JOHN REVERE, M.D.	"	Practice of Medicine.	
†SAMUEL H. DICKSON, M.D.	"	"	"
*ELISHA BARTLETT, M.D.	"	"	"
*JOHN A. SWETT, M.D.	"	"	"
†MEREDITH CLYMER, M.D.	"	"	"
†JOHN T. METCALFE, M.D.	"	"	"
†GUNNING S. BEDFORD, M.D.	"	Midwifery.	
*GRANVILLE S. PATTISON, M.D.	"	Anatomy.	
†WILLIAM H. VAN BUREN, M.D.	"	"	

*Deceased. †Resigned.

PRESENT FACULTY OF MEDICINE.

Rev. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
MARTYN PAINE, M.D., LL.D., Emeritus Professor of Materia Medica and Therapeutics.
JOHN W. DRAPER, M.D., LL.D., Emeritus Professor of Chemistry and Physiology.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Military Surgery and Hygiene.
CHARLES A. BUDD, M.D., Professor of Obstetrics, with Diseases of Women and Children, and Clinical Midwifery
JOHN C. DRAPER, M.D., Professor of Chemistry.
ALFRED L. LOOMIS, M.D., Professor of Institutes and Practice of Medicine.
WM. DARLING, A. M., M.D., F.R.C.S., Professor of Descriptive and Surgical Anatomy.
HENRY DRAPER, M.D., Professor of Pysiology.
WILLIAM H. THOMPSON, M.D., Professor of Materia Medica and Therapeutics.

The UNIVERSITY MEDICAL COLLEGE is situated on the grounds of the New York Hospital, entrance on the corner of Worth and Church streets.

The numerous graduates of this institution from North Carolina, will learn with pleasure that it is in a flourishing condition, and that the total number of students from that State has been more than six hundred.

The system of instruction in the University is to combine with teaching by lectures the practical exemplification of disease. For this purpose seven clinics, largely attended, are held weekly in the College building, during the intervals of thirty-two lectures, and the students besides visit the great hospitals and dispensaries daily, under the charge either of members of the Faculty or of the Medical Staffs of those institutions.

FEES FOR THE REGULAR SESSION.

Matriculation, . . $5. Full Course of tickets, . . $140. Graduation, . . $30.

A limited number are received on the beneficiary foundation for $40, and the matriculation fee.

In addition to the regular Winter Session, commencing October 12th, there is a Fall Session, begining September 7th, and a Spring Session, commencing the first Monday in April. These may be attended without charge by the Winter Students.

For further information, apply to

Prof. HENRY DRAPER,

Registrar of the Faculty, University Medical College, corner of Worth and Church streets, New York City.